| Fill in this information to identify your case: |                                 |                                 |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| DISTRICT OF ARIZONA                             | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|   | Chapter 7                       |                                 |
|   | ☐ Chapter 11                    |                                 |
|   | ☐ Chapter 12                    |                                 |
|   | ☐ Chapter 13                    | Check if this an amended filing |

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself  |  |   |
|----|--|--|---|
|    |  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):                     |
| 1. | Your full name   |  |   |
|    | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | First name  Frommel  Middle name  Fugiel  Last name and Suffix (Sr., Jr., II, III) | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names.  |  |   |
| 3. | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN)   | xxx-xx-9488  |   |

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |
|----|---|---|--|--|--|--|
| 4. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  |  |  |  |  |
|    | Include trade names and doing business as names   | Business name(s)  | Business name(s)   |  |  |  |
|    |   | EINs  | EINs   |  |  |  |
| 5. | Where you live  |   | If Debtor 2 lives at a different address:  |  |  |  |
|    |   | 17229 N. 51st Drive Glendale, AZ 85308 Number, Street, City, State & ZIP Code   | Number, Street, City, State & ZIP Code   |  |  |  |
|    |   | Maricopa<br>County  | County   |  |  |  |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |  |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |  |
| 6. | Why you are choosing this district to file for  | Check one:  | Check one:   |  |  |  |
|    | bankruptcy  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |  |
|    |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |  |
|    |   |   |  |  |  |  |

| 7.  | The chapter of the Bankruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |                             |   |   |  |        |  |  |
|-----|---|---|-----------------------------|---|---|--|--------|--|--|
|     | choosing to file under  | ■ Chap  | ter 7                       |   |   |  |        |  |  |
|     |   | ☐ Chap  | ter 11                      |   |   |  |        |  |  |
|     |   | ☐ Chap  | ter 12                      |   |   |  |        |  |  |
|     |   | ☐ Chap  | oter 13                     |   |   |  |        |  |  |
| 8.  | How you will pay the fee  | ab<br>ord   | out how y                   | ou may pay. Typically, if you attorney is submitting your     | are paying the fee yo                             | k with the clerk's office in your local court for more de<br>burself, you may pay with cash, cashier's check, or m<br>alf, your attorney may pay with a credit card or check | oney   |  |  |
|     |   |   |                             |   |   | on, sign and attach the Application for Individuals to F   | 'ay    |  |  |
|     |   |   | _                           | ee in Installments (Official Fo<br>at my fee be waived (You n | ,   | n only if you are filing for Chapter 7. By law, a judge n  | nav.   |  |  |
|     |   | bu<br>ap  | t is not red<br>plies to yo | uired to, waive your fee, and<br>ur family size and you are u | d may do so only if yo<br>nable to pay the fee in | ur income is less than 150% of the official poverty lin-<br>n installments). If you choose this option, you must fill<br>cial Form 103B) and file it with your petition.     | e that |  |  |
| 9.  | Have you filed for bankruptcy within the  | ■ No.   |                             |   |   |  |        |  |  |
|     | last 8 years?   | ☐ Yes.  |                             |   |   |  |        |  |  |
|     |   |   | District                    |   | When  | Case number  |        |  |  |
|     |   |   | District                    |   | When  | Case number  |        |  |  |
|     |   |   | District                    |   | When  | Case number  |        |  |  |
| 10. | Are any bankruptcy cases pending or being   | ■ No  |                             |   |   |  |        |  |  |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Yes.  |                             |   |   |  |        |  |  |
|     |   |   | Debtor                      |   |   | Relationship to you  |        |  |  |
|     |   |   | District                    |   | When  | Case number, if known  |        |  |  |
|     |   |   | Debtor                      |   |   | Relationship to you  |        |  |  |
|     |   |   | District                    |   | When  | Case number, if known  |        |  |  |
| 11. | Do you rent your residence?   | ■ No.   | Go to                       | ine 12.   |   |  |        |  |  |
| ••• | residence?  | ☐ Yes.  | Has y                       | our landlord obtained an evid                                 | ction judgment agains                             | t you?   |        |  |  |
|     |   |   |                             | No. Go to line 12.  |   |  |        |  |  |
|     |   |   | ш                           |   |   |  |        |  |  |

Case number (if known)

Debtor 1 Renee Frommel Fugiel

| Den   | Reflee Floiline F   | ugiei     |   |   | Case number (ii known)  |  |  |  |
|---|---|-----------|---|---|---|--|--|--|
| Dar   | t 3: Report About Any Bu  | einoeeoe  | Vou Own   | as a Solo Proprio   | tor.  |  |  |  |
| гаг   | to. Report About Arry Bu  | 311163363 | TOU OWI   |   |   |  |  |  |
| 12.   | Are you a sole proprietor of any full- or part-time business?   | ■ No.     | Go to   | Part 4.   |   |  |  |  |
|   |   | ☐ Yes.    | Name  | and location of bus   | iness   |  |  |  |
|   | A sole proprietorship is a  |           |   |   |   |  |  |  |
|   | business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |           |   | of business, if any   |   |  |  |  |
|   | If you have more than one sole proprietorship, use a separate sheet and attach  |           | Numb  | er, Street, City, Stat  | te & ZIP Code   |  |  |  |
|   | it to this petition.  |           | Chec  | k the appropriate bo  | x to describe your business:  |  |  |  |
|   |   |           |   | Health Care Busin   | ness (as defined in 11 U.S.C. § 101(27A))   |  |  |  |
|   |   |           |   | Single Asset Real   | Estate (as defined in 11 U.S.C. § 101(51B))   |  |  |  |
|   |   |           |   | Stockbroker (as d   | efined in 11 U.S.C. § 101(53A))   |  |  |  |
|   |   |           |   | Commodity Broke   | r (as defined in 11 U.S.C. § 101(6))  |  |  |  |
|   |   |           |   | None of the above   |   |  |  |  |
| 13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor. If you are filing under Chapter 11, the court must know whether you are a small business debtor, you must attach your most recent bal operations, cash-flow statement, and federal income tax return or if any of these documents do not e in 11 U.S.C. 1116(1)(B). |   |           |   | a small business debtor, you must attach your most recent balance sheet, statement of |   |  |  |  |
|   | For a definition of small   | ■ No.     | lo. I am not filing under Chapter 11.   |   |   |  |  |  |
|   | business debtor, see 11 U.S.C. § 101(51D).  | □ No.     | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankrul Code. |   |   |  |  |  |
|   |   | ☐ Yes.    | I am f  | iling under Chapter   | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |  |  |
| _   | 5   |           |   |   |   |  |  |  |
| Par   |   |           | / Hazardo   | us Property or Any  | y Property That Needs Immediate Attention   |  |  |  |
| 14.   | Do you own or have any property that poses or is  | No.       |   |   |   |  |  |  |
|   | alleged to pose a threat<br>of imminent and<br>identifiable hazard to   | ☐ Yes.    | What is   | the hazard?   |   |  |  |  |
|   | public health or safety?<br>Or do you own any<br>property that needs  |           |   | liate attention is why is it needed?  |   |  |  |  |
|   | immediate attention?  |           | needed,   | wily is it fleeded:   |   |  |  |  |
|   | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                 |           | Where is  | s the property?   |   |  |  |  |
|   | 0 · · · · · · · · · ·   |           |   |   | Number, Street, City, State & Zip Code  |  |  |  |
|   |   |           |   |   |   |  |  |  |
|   |   |           |   |   |   |  |  |  |

#### Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 ☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb   | tor 1 Renee Frommel F                                 | ugiel              |   |  | Case number                           | 「 (if known)  |  |  |  |
|---|---|--------------------|---|--|---------------------------------------|---|--|--|--|
| Part  | 6: Answer These Questi                                | ions for R         | eporting Purposes   |  |                                       |   |  |  |  |
| 16.   | What kind of debts do you have?                       | 16a.               | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  ☐ No. Go to line 16b. |  |                                       |   |  |  |  |
|   |   |                    | Yes. Go to line 17.   |  |                                       |   |  |  |  |
|   |   | 16b.               | Are your debts primarily busi money for a business or investr   |  |                                       |   |  |  |  |
|   |   |                    | ☐ No. Go to line 16c.   |  |                                       |   |  |  |  |
|   |   |                    | ☐ Yes. Go to line 17.   |  |                                       |   |  |  |  |
|   |   | 16c.               | State the type of debts you owe   | e that are not consu   | mer debts or business                 | s debts   |  |  |  |
| 17.   | Are you filing under<br>Chapter 7?                    | □ No.              | I am not filing under Chapter 7.  | Go to line 18.   |                                       |   |  |  |  |
| Do you estimate that<br>after any exempt<br>property is excluded and<br>administrative expenses |   | ■ Yes.             | are paid that funds will be availa  | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expeare paid that funds will be available to distribute to unsecured creditors? |                                       |   |  |  |  |
|   | are paid that funds will                              |                    | ■ No  |  |                                       |   |  |  |  |
|   | be available for distribution to unsecured creditors? |                    | ☐ Yes   |  |                                       |   |  |  |  |
| 18.   | How many Creditors do                                 | <b>1</b> -49       |   | <b>1</b> ,000-5,000  | )                                     | <b>2</b> 5,001-50,000   |  |  |  |
|   | you estimate that you owe?                            | □ 50-99            |   | ☐ 5001-10,00   |                                       | □ 50,001-100,000  |  |  |  |
|   |   | ☐ 100-1<br>☐ 200-9 |   | ☐ 10,001-25,0  | 000                                   | ☐ More than100,000  |  |  |  |
|   |   | <b>L</b> 200-8     |   |  |                                       |   |  |  |  |
|   | How much do you estimate your assets to               | □ \$0 - \$         |   | <b>1</b> \$1,000,001   |                                       | \$500,000,001 - \$1 billion   |  |  |  |
|   | be worth?   |                    | 001 - \$100,000<br>,001 - \$500,000   |  | 1 - \$50 million<br>1 - \$100 million | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion                    |  |  |  |
|   |   |                    | ,001 - \$500,000<br>,001 - \$1 million  |  | 01 - \$500 million                    | ☐ More than \$50 billion  |  |  |  |
| 20.   | How much do you                                       | □ \$0 - \$         | \$50,000  | □ \$1,000,001  | - \$10 million                        | □ \$500,000,001 - \$1 billion   |  |  |  |
|   | estimate your liabilities to be?                      |                    | 001 - \$100,000   |  | 1 - \$50 million                      | □ \$1,000,000,001 - \$10 billion  |  |  |  |
|   | to be:  | _                  | ,001 - \$500,000  | _ ` ′ ′  | 1 - \$100 million                     | \$10,000,000,001 - \$50 billion   |  |  |  |
|   |   | □ \$500,           | ,001 - \$1 million  | □ \$100,000,0  | 01 - \$500 million                    | ☐ More than \$50 billion  |  |  |  |
| Part  | 7: Sign Below   |                    |   |  |                                       |   |  |  |  |
| For   | you   | I have ex          | kamined this petition, and I declar   | re under penalty of  | perjury that the inform               | nation provided is true and correct.  |  |  |  |
|   |   |                    |   |  |                                       | under Chapter 7, 11,12, or 13 of title 11, oose to proceed under Chapter 7.           |  |  |  |
|   |   |                    | orney represents me and I did not<br>nt, I have obtained and read the n   |  |                                       | an attorney to help me fill out this  |  |  |  |
|   |   | I request          | t relief in accordance with the cha   | apter of title 11, Unit  | ted States Code, spec                 | ified in this petition.   |  |  |  |
|   |   |                    | tcy case can result in fines up to \$   |  |                                       | r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519, |  |  |  |
|   |   |                    | ee Frommel Fugiel   |  | Signature of Debtor                   |   |  |  |  |
|   |   |                    | Frommel Fugiel<br>e of Debtor 1   |  | orginature of Debtor                  | <u> </u>  |  |  |  |
|   |   |                    | @yahoo.com  |  |                                       |   |  |  |  |
|   |   |                    | ddress of Debtor 1  |  | Email Address of Do                   | ebtor 2   |  |  |  |
|   |   | Executed           |   |  | Executed on                           |   |  |  |  |
|   |   |                    | MM / DD / YYYY  | <del></del>  | MM                                    | / DD / YYYY   |  |  |  |

| Debtor 1 | Renee Frommel Fugiel | Case number (if known) |  |
|----------|----------------------|------------------------|--|
|          |                      |                        |  |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Eduardo J. Celaya                  | Date          | April 15, 2019      |
|--|---------------|---------------------|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY      |
| Eduardo J. Celaya 014747               |               |                     |
| Printed name                           |               |                     |
| Law Office of Eduardo J. Celaya, PLLC  |               |                     |
| Firm name                              |               |                     |
| 2942 N. 24th Street, Suite 114         |               |                     |
| Phoenix, AZ 85016                      |               |                     |
| Number, Street, City, State & ZIP Code |               |                     |
| Contact phone <b>602-281-4547</b>      | Email address | celayalaw@gmail.com |
| 014747 AZ                              |               |                     |
| Bar number & State                     |               |                     |

Certificate Number: 16199-AZ-CC-032639111



# **CERTIFICATE OF COUNSELING**

I CERTIFY that on <u>April 8, 2019</u>, at <u>7:22</u> o'clock <u>PM EDT</u>, <u>Renee Frommel Fugiel</u> received from <u>CC Advising, Inc.</u>, an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the <u>District of Arizona</u>, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: April 8, 2019 By: /s/Haley Lamb for Doreen Paurnia

Title: Credit Counselor

Name: Doreen Paurnia

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).

| Filli   | n this inform                | ation to identify your                          | case:   |   |              |                                   |
|---------|------------------------------|---|---|---|--------------|-----------------------------------|
| Deb     | tor 1                        | Renee Frommel I                                 | -<br>ugiel  |   |              |                                   |
| Deb     | tor O                        | First Name                                      | Middle Name   | Last Name   |              |                                   |
|         | se if, filing)               | First Name                                      | Middle Name   | Last Name   |              |                                   |
| Unite   | ed States Ban                | kruptcy Court for the:                          | DISTRICT OF ARIZONA   |   |              |                                   |
| Case    | e number                     |   |   |   |              |                                   |
| (if kno | · · · · · <u> </u>           |   |   |   | _            | ck if this is an                  |
| L       |                              |   |   |   | amer         | nded filing                       |
| ٠.      | inini Eng                    | 4000  |   |   |              |                                   |
|         |                              | m 106Sum  | and Liabilities and   | Cortain Statistical Information   |              | 40/45                             |
|         |                              |   |   | d Certain Statistical Information re filing together, both are equally responsible f              |              | 12/15                             |
| infor   | mation. Fill o               | ut all of your schedul                          | es first; then complete the                                   | information on this form. If you are filing amend   |              |                                   |
|         |                              | •   | new Summary and check t                                       | the box at the top of this page.  |              |                                   |
| Part    | 1: Summa                     | rize Your Assets                                |   |   |              |                                   |
|         |                              |   |   |   |              | assets<br>of what you own         |
| 1       | Schodulo A/                  | <b>B: Property</b> (Official F                  | orm 106A/B)   |   | raido        | or imacyou on                     |
| 1.      | 1a. Copy line                | e 55, Total real estate, f                      | rom Schedule A/B  |   | \$           | 264,772.00                        |
|         | 1b. Copy line                | e 62, Total personal pro                        | perty, from Schedule A/B                                      |   | \$           | 15,226.84                         |
|         | 1c. Copy line                | 63, Total of all propert                        | y on Schedule A/B   |   | \$           | 279,998.84                        |
| Part    | 2: Summa                     | rize Your Liabilities                           |   |   |              | ,                                 |
| i ait   | Z. Julillia                  | inze rour Liabilities                           |   |   |              |                                   |
|         |                              |   |   |   |              | l <b>iabilities</b><br>nt you owe |
| 2.      |                              |   | laims Secured by Property (0                                  |   | •            | 128,345.00                        |
|         | 2a. Copy the                 | total you listed in Colu                        | mn A, <i>Amount of claim,</i> at the                          | e bottom of the last page of Part 1 of Schedule D   | \$           | 120,343.00                        |
| 3.      | Schedule E/F<br>3a. Copy the | F: Creditors Who Have<br>total claims from Part | Unsecured Claims (Official F<br>1 (priority unsecured claims) | Form 106E/F) I from line 6e of Schedule E/F   | \$           | 0.00                              |
|         | 3b. Copy the                 | e total claims from Part                        | 2 (nonpriority unsecured clai                                 | ims) from line 6j of Schedule E/F   | \$           | 121,593.79                        |
|         |                              |   |   |   |              |                                   |
|         |                              |   |   | Your total liabilities  | \$           | 249,938.79                        |
|         |                              |   |   |   |              |                                   |
| Part    | 3: Summa                     | rize Your Income and                            | Expenses  |   |              |                                   |
| 4.      |                              | Your Income (Official Formbined monthly incom   |   |   | \$           | 3,464.54                          |
| 5.      |                              | Your Expenses (Officia                          |   |   | <b>c</b>     | 3,376.11                          |
|         | Copy your m                  | onthly expenses from li                         | ne 22c of Schedule J  |   | \$           | 3,370.11                          |
| Part    | 4: Answer                    | These Questions for                             | Administrative and Statist                                    | tical Records   |              |                                   |
| 6.      | -                            | • • •   | er Chapters 7, 11, or 13?<br>on this part of the form. Che    | eck this box and submit this form to the court with yo  | our other sc | chedules.                         |
| 7       | Yes                          | f dobt do you have?                             |   |   |              |                                   |
| 7.      | vvnat Kind O                 | f debt do you have?                             |   |   |              |                                   |
|         |                              |   |   | bts are those "incurred by an individual primarily for for statistical purposes. 28 U.S.C. § 159. | a persona    | I, family, or                     |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Best Case Bankruptcy

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

4,405.55

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total claim |      |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

Desc

| Fill in this infor  | motion to identify your                                 | and thin           | filin   | A.                                 |                                      |               |               |                                 |   |
|---------------------|---|--------------------|---------|------------------------------------|--------------------------------------|---------------|---------------|---------------------------------|---|
| FIII IN this infor  | mation to identify your c                               | ase and this       | Tilling | g:                                 |                                      |               |               | 1                               |   |
| Debtor 1            | Renee Frommel Fu  | ugiel<br>Middle Na | lame    |                                    | Last Name                            |               |               |                                 |   |
| Debtor 2            | . not rains   | illiadio i i       | uo      |                                    | Zackitamo                            |               |               |                                 |   |
| (Spouse, if filing) | First Name  | Middle Na          | ame     |                                    | Last Name                            |               |               |                                 |   |
| United States Ba    | ankruptcy Court for the:                                | DISTRICT OF        | F ARI   | IZONA                              |                                      |               |               |                                 |   |
| Case number _       |   |                    |         |                                    |                                      |               |               |                                 | ☐ Check if this is an                           |
|                     |   |                    |         |                                    |                                      |               |               |                                 | amended filing                                  |
| Official Fo         | orm 106A/B  |                    |         |                                    |                                      |               |               |                                 |   |
| _                   | le A/B: Prope   | ertv               |         |                                    |                                      |               |               |                                 | 12/15   |
|                     | separately list and describe                            |                    |         |                                    |                                      |               |               |                                 |   |
| Yes. Where          | is the property?  |                    | What    | t is the prope                     | rtu? Chack all that applying         |               |               |                                 |   |
| 1.1<br>17229 N. !   | 51st Drive  |                    | wnai    |                                    | rty? Check all that apply            |               | _             |                                 |   |
|                     | , if available, or other description                    |                    | _       | Single-family Duplex or m          | y nome<br>iulti-unit building        |               |               |                                 | aims or exemptions. Put d claims on Schedule D: |
|                     |   |                    |         | I<br>Condominiu                    | m or cooperative                     |               | Creditors V   | Vho Have Clair                  | ns Secured by Property.                         |
|                     |   |                    |         | ] Manufacture                      | ed or mobile home                    |               | Current va    | due of the                      | Current value of the                            |
| Glendale            | AZ 8530   | 0000-80            |         | ] Land                             |                                      |               | entire pro    |                                 | portion you own?                                |
| City                | State ZI  | IP Code            |         | Investment                         | property                             |               | \$20          | 64,772.00                       | \$264,772.00                                    |
|                     |   |                    |         |                                    |                                      |               |               |                                 | our ownership interest                          |
|                     |   |                    | _       |                                    | est in the property?                 | Check one     |               | ee simple, ten<br>e), if known. | ancy by the entireties, or                      |
|                     |   |                    |         | Debtor 1 on                        | ly                                   |               |               |                                 |   |
| Maricopa            | l   |                    |         | Debtor 2 on                        | ly                                   |               |               |                                 |   |
| County              |   |                    |         | Debtor 1 and                       | d Debtor 2 only                      |               | □ Checl       | k if this is com                | nmunity property                                |
|                     |   |                    |         |                                    | of the debtors and an                |               | (see in       | structions)                     |   |
|                     |   |                    |         | er information<br>perty identifica | you wish to add abo<br>ation number: | out this iten | n, such as lo | ocal                            |   |
|                     |   |                    |         |                                    |                                      |               |               |                                 |   |
| 0 4112              |   | _                  |         |                                    |                                      |               |               |                                 |   |
|                     | lar value of the portion y<br>have attached for Part 1. |                    |         |                                    |                                      |               |               |                                 | \$264,772.00                                    |
| Part 2: Describe    | Your Vehicles   |                    |         |                                    |                                      |               |               |                                 |   |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

| •                      | s, trucks, tractors, sport utility ve  | hicles motorcycles   |                          |   |
|------------------------|--|--|--------------------------|---|
| _                      | s, trucks, tractors, sport utility ve  | moles, motorcycles   |                          |   |
| ☐ No                   |  |  |                          |   |
| _                      |  |  |                          |   |
| Yes                    |  |  |                          |   |
|                        | I boom de :  |  | Do not deduct secured cl | aims or exemptions. Put   |
| 3.1 Make:              | T  | Who has an interest in the property? Check one                         | the amount of any secure | ed claims on Schedule D:  |
| Model                  |  | Debtor 1 only  | Creditors Who Have Clai  | ims Secured by Property.  |
| Year:                  | 2014<br>ximate mileage: 61000  | Debtor 2 only  | Current value of the     | Current value of the  |
|                        | ximate mileage: 61000 information:   | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | entire property?         | portion you own?  |
|                        | private party, good  | At least one of the debtors and another                                |                          |   |
| cond                   |  | ☐ Check if this is community property                                  | \$11,586.00              | \$11,586.00   |
|                        |  | (see instructions)   |                          |   |
|                        |  |  |                          |   |
| 3.2 Make:              | Kia  | Who has an interest in the property? Check one                         | Do not deduct secured cl | aims or exemptions. Put ed claims on Schedule D:  |
| Model                  | Rio  | ■ Debtor 1 only  | Creditors Who Have Clair |   |
| Year:                  | 2006   | Debtor 2 only  | Current value of the     | Current value of the  |
| Approx                 | ximate mileage: 139406   | Debtor 1 and Debtor 2 only   | entire property?         | portion you own?  |
| Other                  | information:   | ☐ At least one of the debtors and another                              |                          |   |
|                        | hter's vehicle, bought by  | _  | £4 400 00                | <b>#4 400 00</b>  |
|                        | hter- in Debtor's name for   | Check if this is community property                                    | \$1,422.00               | \$1,422.00  |
|                        | ance purposes. value - fair condition  | (see instructions)   |                          |   |
| .pages yo              | u have attached for Part 2. Write  | n for all of your entries from Part 2, including ar                    | nv entries for           |   |
|                        | ribe Your Personal and Household It<br>or have any legal or equitable in                               | ems  |                          | \$13,008.00   |
| o you own              | or have any legal or equitable in  | that number here   | >                        | \$13,008.00  Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| Househol Examples □ No | d goods and furnishings s: Major appliances, furniture, linens   | ems terest in any of the following items? , china, kitchenware         | >                        | Current value of the portion you own? Do not deduct secured claims or exemptions.               |
| Househol Examples □ No | or have any legal or equitable in<br>d goods and furnishings<br>s: Major appliances, furniture, linens | ems terest in any of the following items? , china, kitchenware         | >                        | Current value of the portion you own? Do not deduct secured claims or exemptions.               |
| Househol Examples □ No | d goods and furnishings s: Major appliances, furniture, linens   | ems terest in any of the following items? , china, kitchenware         | >                        | Current value of the portion you own? Do not deduct secured claims or exemptions.               |
| Househol Examples □ No | d goods and furnishings s: Major appliances, furniture, linens   | ems terest in any of the following items? , china, kitchenware         | >                        | Current value of the portion you own? Do not deduct secured claims or exemptions.               |
| Househol Examples □ No | d goods and furnishings s: Major appliances, furniture, linens Describe  bedroom furnit                | ems terest in any of the following items? , china, kitchenware         | >                        | Current value of the portion you own? Do not deduct secured                                     |

Official Form 106A/B Schedule A/B: Property page 2

Desc

| Debtor 1  | Renee From  | mel Fugiel  | Case number (if known) |   |
|---|---|---|------------------------|---|
|   |   |   |                        |   |
|   |   | washer and dryer  |                        | \$400.00  |
|   |   | 3 tvs \$100, \$50, \$35   |                        | \$185.00  |
|   |   | cell phone  |                        | \$50.00   |
|   |   | computer (2006)   |                        | \$25.00   |
| Example No Yes.  9. Equipm Example No Yes.  10. Firearr Example No Yes.  11. Clothe | other collecti  Describe  tent for sports a  les: Sports, photo musical instr  Describe  ms  ples: Pistols, rifle  Describe | graphic, exercise, and other hobby equipment; bicycles, pool tables, ç  |                        |   |
|   | Describe  | 1 adult and 1 child   |                        | \$500.00  |
| ■ No □ Yes.  13. Non-fa Examp ■ No □ Yes.   | Describe  Irm animals  ples: Dogs, cats,  Describe  |   |                        | gold, silver  |
| ■ No □ Yes.   | Give specific inf   | d household items you did not already list, including any health a formation  of all of your entries from Part 3, including any entries for pages number here |                        | \$2,065.00  |
|   | escribe Your Finan<br>wn or have any I  | cial Assets egal or equitable interest in any of the following?   |                        | Current value of the portion you own? Do not deduct secured claims or exemptions. |

Official Form 106A/B Schedule A/B: Property page 3

Desc

| D   | ebtor 1         | Renee Fromn                                | nel Fugiel   |                        | Case number (if known)   |                      |
|-----|-----------------|--|--|------------------------|--|----------------------|
| 16. |                 | oles: Money you h                          | ave in your wallet, in your ho                                 | ome, in a safe depos   | sit box, and on hand when you file your petition   |                      |
|     | ■ No            |  |  |                        |  |                      |
|     | ⊔ Yes           |  |  |                        | <del></del>  |                      |
| 17. |                 |  | vings, or other financial acco<br>f you have multiple accounts |                        | deposit; shares in credit unions, brokerage houses, ar tution, list each.                    | nd other similar     |
|     | ☐ No            |  |  |                        |  |                      |
|     | Yes             |  |  | Institution na         | ime:   |                      |
|     |                 |  | 17.1. Checking/Savin   | ngs TrueWest           | Credit Union a/e 0722  | \$153.84             |
| 18. |                 |  | r publicly traded stocks<br>nvestment accounts with bro        | okerage firms, mone    | ey market accounts   |                      |
|     | _               |  | Institution or issuer  | name:                  |  |                      |
| 19. |                 | ublicly traded sto<br>enture               | ock and interests in incorpo                                   | orated and uninco      | rporated businesses, including an interest in an LL  | -C, partnership, and |
|     | ■ No            |  |  |                        |  |                      |
|     | ☐ Yes.          | Give specific info                         | rmation about them Name of entity:                             |                        | % of ownership:  |                      |
| 20. | Negoti<br>Non-n | iable instruments i                        |  | hiers' checks, prom    | gotiable instruments<br>hissory notes, and money orders.<br>by signing or delivering them.   |                      |
|     | ■ No            |  |  |                        |  |                      |
|     | ⊔ Yes.          | Give specific infor                        | mation about them Issuer name:                                 |                        |  |                      |
| 21. |                 | ment or pension a<br>ples: Interests in IF |  | .03(b), thrift savings | accounts, or other pension or profit-sharing plans   |                      |
|     | ☐ Yes.          | List each account                          | separately. Type of account:                                   | Institution na         | nme:   |                      |
| 22. | Your s          |  | I deposits you have made so                                    |                        | nue service or use from a company<br>tric, gas, water), telecommunications companies, or oth | hers                 |
|     | ■ No            |  |  | Institution no         | ame or individual:   |                      |
|     | ⊔ Yes.          |  |  | mstitution ne          | ine of individual.   |                      |
| 23. | Annuit ■ No     | ies (A contract for                        | a periodic payment of mone                                     | ey to you, either for  | life or for a number of years)   |                      |
|     | ☐ Yes           | Iss  | uer name and description.                                      |                        |  |                      |
| 24. |                 |  | n <b>IRA, in an account in a q</b><br>29A(b), and 529(b)(1).   | ualified ABLE proo     | gram, or under a qualified state tuition program.  |                      |
|     | ☐ Yes           | Ins  | titution name and description                                  | n. Separately file the | e records of any interests.11 U.S.C. § 521(c):   |                      |
| 25. | Trusts          | , equitable or futi                        | ure interests in property (o                                   | ther than anything     | g listed in line 1), and rights or powers exercisable  | for your benefit     |
|     |                 | Give specific info                         | rmation about them   |                        |  |                      |
| 26. | Examp           |  | demarks, trade secrets, ar<br>ain names, websites, procee      |                        |  |                      |
|     | ■ No            | Give specific info                         | rmation about them   |                        |  |                      |

Official Form 106A/B Schedule A/B: Property page 4

| D  | ebtor 1         | Renee Frommel Fugiel  | Case number (if known)                                |   |
|----|-----------------|---|---|---|
| 27 | Examp           | es, franchises, and other general intangibles<br>oles: Building permits, exclusive licenses, cooperative associa  | ation holdings, liquor licenses, professional license | s   |
|    | ■ No<br>□ Yes.  | Give specific information about them  |   |   |
| M  | loney or        | property owed to you?   |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28 | ■ No            | unds owed to you  Give specific information about them, including whether you a   | already filed the returns and the tax years           |   |
| 29 | ■ No            | support sles: Past due or lump sum alimony, spousal support, child su Give specific information   | pport, maintenance, divorce settlement, property s    | settlement  |
| 30 |                 | amounts someone owes you  bles: Unpaid wages, disability insurance payments, disability benefits; unpaid loans you made to someone else                                   | penefits, sick pay, vacation pay, workers' compens    | sation, Social Security   |
|    |                 | Give specific information   |   |   |
| 31 | Examp<br>■ No   | ts in insurance policies bles: Health, disability, or life insurance; health savings account  Name the insurance company of each policy and list its value  Company name: |   | Surrender or refund value:  |
| 32 | If you a some o | rerest in property that is due you from someone who has are the beneficiary of a living trust, expect proceeds from a life ne has died.  Give specific information        |   | ve property because   |
| 33 | Examp<br>■ No   | against third parties, whether or not you have filed a law ples: Accidents, employment disputes, insurance claims, or rig   |   |   |
| 34 | ■ No            | contingent and unliquidated claims of every nature, included Describe each claim  | ding counterclaims of the debtor and rights to        | set off claims  |
| 35 | ■ No            | ancial assets you did not already list  Give specific information   |   |   |
| 30 |                 | he dollar value of all of your entries from Part 4, including<br>rrt 4. Write that number here  |   | \$153.84  |
| P  | art 5: De       | scribe Any Business-Related Property You Own or Have an Intere  | est In. List any real estate in Part 1.               |   |
|    | No. Go          | own or have any legal or equitable interest in any business-related to Part 6. So to line 38.   | d property?   |   |

Official Form 106A/B Schedule A/B: Property page 5

| Debt         | or 1 Renee Frommel Fugiel   |                       | Case number (if known)       |              |
|--------------|---|-----------------------|------------------------------|--------------|
| Part (       | Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1. | Own or Have an Intere | st In.                       |              |
| 46. <b>D</b> | o you own or have any legal or equitable interest in any farm-  | or commercial fishi   | ng-related property?         |              |
| I            | No. Go to Part 7.   |                       |                              |              |
| I            | ☐ Yes. Go to line 47.   |                       |                              |              |
| Part 7       | 7: Describe All Property You Own or Have an Interest in That You  | u Did Not List Above  |                              |              |
|              | To you have other property of any kind you did not already list<br>Examples: Season tickets, country club membership  No      | ?                     |                              |              |
|              |   |                       |                              |              |
| ш            | Yes. Give specific information  |                       |                              |              |
| 54.          | Add the dollar value of all of your entries from Part 7. Write th   | at number here        |                              | \$0.00       |
| Part 8       | List the Totals of Each Part of this Form   |                       |                              |              |
| 55.          | Part 1: Total real estate, line 2   |                       | <u> </u>                     | \$264,772.00 |
| 56.          | Part 2: Total vehicles, line 5  | \$13,008.00           |                              |              |
| 57.          | Part 3: Total personal and household items, line 15   | \$2,065.00            |                              |              |
| 58.          | Part 4: Total financial assets, line 36   | \$153.84              |                              |              |
| 59.          | Part 5: Total business-related property, line 45  | \$0.00                |                              |              |
| 60.          | Part 6: Total farm- and fishing-related property, line 52   | \$0.00                |                              |              |
| 61.          | Part 7: Total other property not listed, line 54 +  | \$0.00                |                              |              |
| 62.          | Total personal property. Add lines 56 through 61  | \$15,226.84           | Copy personal property total | \$15,226.84  |
| 63.          | Total of all property on Schedule A/B. Add line 55 + line 62  |                       |                              | \$279,998.84 |

| Fill in this inforr | nation to identify your | case:               |           |                                      |
|---------------------|-------------------------|---------------------|-----------|--------------------------------------|
| Debtor 1            | Renee Frommel F         |                     |           |                                      |
|                     | First Name              | Middle Name         | Last Name |                                      |
| Debtor 2            |                         |                     |           |                                      |
| (Spouse if, filing) | First Name              | Middle Name         | Last Name |                                      |
| United States Ba    | nkruptcy Court for the: | DISTRICT OF ARIZONA |           |                                      |
| Case number _       |                         |                     |           | ☐ Check if this is an amended filing |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited

| 0 1 | the applicable statutory amount.  | to value of the propert  | .y 15 G | acternifica to exoced that amount                               | i, your exemption would be innited |  |  |  |  |
|-----|---|--|---------|---|------------------------------------|--|--|--|--|
| Pa  | Int 1: Identify the Property You Claim as   | Exempt   |         |   |                                    |  |  |  |  |
| 1.  | Which set of exemptions are you claiming  | ? Check one only, eve  | n if yo | our spouse is filing with you.                                  |                                    |  |  |  |  |
|     | ■ You are claiming state and federal nonbar   | nkruptcy exemptions.   | 11 U.S  | S.C. § 522(b)(3)  |                                    |  |  |  |  |
|     | ☐ You are claiming federal exemptions. 11   | U.S.C. § 522(b)(2)   |         |   |                                    |  |  |  |  |
| 2.  | For any property you list on Schedule A/E   | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. |         |   |                                    |  |  |  |  |
|     | Brief description of the property and line on<br>Schedule A/B that lists this property                    | on Current value of the Amount of the exemption you claim portion you own                          |         | Specific laws that allow exemption                              |                                    |  |  |  |  |
|     |   | Copy the value from<br>Schedule A/B  | Che     | eck only one box for each exemption.                            |                                    |  |  |  |  |
|     | 17229 N. 51st Drive Glendale, AZ<br>85308 Maricopa County   | \$264,772.00   |         | \$144,550.00  | Ariz. Rev. Stat. § 33-1101(A)      |  |  |  |  |
|     | Line from Schedule A/B: 1.1   |  |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |
|     | 2014 Hyundai Tucson 61000 miles<br>KBB private party, good condition.                                     | \$11,586.00  |         | \$3,463.00  | Ariz. Rev. Stat. § 33-1125(8)      |  |  |  |  |
|     | Line from Schedule A/B: 3.1   |  |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |
|     | 2006 Kia Rio 139406 miles<br>Daughter's vehicle, bought by  | \$1,422.00   |         | \$1,422.00  | Ariz. Rev. Stat. § 33-1125(8)      |  |  |  |  |
|     | daughter- in Debtor's name for insurance purposes. KBB value - fair condition Line from Schedule A/B: 3.2 |  |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |
|     | bedroom furniture Line from Schedule A/B: 6.1   | \$630.00   |         | \$630.00  | Ariz. Rev. Stat. § 33-1123         |  |  |  |  |

Official Form 106C

Living room furniture

Line from Schedule A/B: 6.2

Schedule C: The Property You Claim as Exempt

\$175.00

page 1 of 2

Desc

Ariz. Rev. Stat. § 33-1123

100% of fair market value, up to any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

\$175.00

| Debtor 1    | Renee Frommel Fugiel   |   |         | Case number (if known)  |                                  |
|-------------|--|---|---------|---|----------------------------------|
| Brie<br>Sch | ef description of the property and line on hedule A/B that lists this property | Current value of the Amount of the exemption you claim Specific laws that allow exemportion you own |         |   |                                  |
|             |  | Copy the value from<br>Schedule A/B   | Che     | eck only one box for each exemption.                            |                                  |
|             | ning room furniture<br>e from Schedule A/B: 6.3                                | \$100.00  |         | \$100.00  | Ariz. Rev. Stat. § 33-1123       |
|             | 5.10.11.55.10.00.10.70. <u>2</u> .10.10  |   |         | 100% of fair market value, up to any applicable statutory limit |                                  |
|             | asher and dryer<br>e from Schedule A/B: 7.1                                    | \$400.00  |         | \$400.00  | Ariz. Rev. Stat. § 33-1123       |
| <u> </u>    | e nom ochedule A.B. TT   |   |         | 100% of fair market value, up to any applicable statutory limit |                                  |
|             | vs \$100, \$50, \$35<br>e from Schedule A/B: <b>7.2</b>                        | \$185.00  |         | \$185.00  | Ariz. Rev. Stat. § 33-1123       |
| LIN         | e IIOIII Scriedule AVB. 1.2  |   |         | 100% of fair market value, up to any applicable statutory limit |                                  |
|             | II phone<br>e from Schedule A/B: <b>7.3</b>                                    | \$50.00   |         | \$50.00   | Ariz. Rev. Stat. § 33-1123       |
|             | e IIOIII <i>Schedule A/D.</i> <b>7.3</b>                                       |   |         | 100% of fair market value, up to any applicable statutory limit |                                  |
|             | mputer (2006)<br>e from Schedule A/B: <b>7.4</b>                               | \$25.00   |         | \$25.00   | Ariz. Rev. Stat. § 33-1123       |
| <b>-</b>    | e nom ochedule A.B. 114  |   |         | 100% of fair market value, up to any applicable statutory limit |                                  |
|             | adult and 1 child<br>e from Schedule A/B: 11.1                                 | \$500.00  |         | \$500.00  | Ariz. Rev. Stat. § 33-1125(1)    |
| LIII'       | e nom <i>schedule A.B.</i> TT.T  |   |         | 100% of fair market value, up to any applicable statutory limit |                                  |
|             | necking/Savings: TrueWest Credit   | \$153.84  |         | \$153.84  | Ariz. Rev. Stat. § 33-1126(A)(9) |
|             | e from Schedule A/B: 17.1  |   |         | 100% of fair market value, up to any applicable statutory limit |                                  |
|             | e you claiming a homestead exemption   |   |         | led on or after the date of adjustmen                           | ort )                            |
| (30         | No   | o yours and man of the  | 11 GOG  | iod on or antor the date or adjustifier                         | т.,                              |
|             | Yes. Did you acquire the property cover ☐ No                                   | ed by the exemption wi  | ithin 1 | ,215 days before you filed this case                            | ?                                |
|             | □ Vos  |   |         |   |                                  |

|   | ation to identify you  | r case:  |   |  |                          |
|---|--|--|---|--|--------------------------|
| Debtor 1  | Renee Frommel  | Fugiel  Middle Name  Last Name   |   | -  |                          |
| Debtor 2  | First Name   | Middle Name  |   |  |                          |
| (Spouse if, filing)   | First Name   | Middle Name Last Name  |   | -  |                          |
| United States Bank  | cruptcy Court for the:   | DISTRICT OF ARIZONA  |   | -  |                          |
| Case number   |  |  |   | ☐ Check                                      | if this is an            |
| (ii iaiewi)   |  |  |   |  | led filing               |
|   |  |  |   |  |                          |
| Official Form   | 106D   |  |   |  |                          |
| Schedule D  | : Creditors  | Who Have Claims Secured  | d by Propert  | V  | 12/15                    |
|   |  |  | <u> </u>  | <u> </u>                                     |                          |
|   |  | f two married people are filing together, both are eq<br>out, number the entries, and attach it to this form. Or   |   |  |                          |
| 1. Do any creditors h   | ave claims secured by  | your property?   |   |  |                          |
| ☐ No. Check t   | his box and submit th  | nis form to the court with your other schedules. You   | ou have nothing else t  | to report on this form.                      |                          |
| _   | all of the information b   | ·  | <b>3</b>  |  |                          |
|   |  | ociow.   |   |  |                          |
| Part 1: List All  | Secured Claims   |  | 0-1 1   |  |                          |
|   |  |  | Column A  | Column B                                     | Column C                 |
|   |  | nore than one secured claim, list the creditor separately a particular claim. list the other creditors in Part 2. As   | Column A  Amount of claim   | Column B  Value of collateral                | Column C Unsecured       |
| for each claim. If mor  | e than one creditor has  | nore than one secured claim, list the creditor separately a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.   | Amount of claim Do not deduct the                                   | Value of collateral that supports this       | Unsecured portion        |
| for each claim. If mor much as possible, list   | e than one creditor has<br>the claims in alphabetion   | a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.   | Amount of claim Do not deduct the value of collateral.              | Value of collateral that supports this claim | Unsecured portion If any |
| for each claim. If mor  | e than one creditor has<br>the claims in alphabetion   | a particular claim, list the other creditors in Part 2. As all order according to the creditor's name.  Describe the property that secures the claim:  | Amount of claim Do not deduct the                                   | Value of collateral that supports this       | Unsecured portion        |
| for each claim. If mor<br>much as possible, list<br>2.1 Flagstar Ba   | e than one creditor has<br>the claims in alphabetion   | a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.   | Amount of claim Do not deduct the value of collateral.              | Value of collateral that supports this claim | Unsecured portion If any |
| for each claim. If mor<br>much as possible, list  2.1 Flagstar Ba  Creditor's Name  Attn: Bankr   | re than one creditor has the claims in alphabetic ank  | a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.  Describe the property that secures the claim:  17229 N. 51st Drive Glendale, AZ 85308 Maricopa County  | Amount of claim Do not deduct the value of collateral.              | Value of collateral that supports this claim | Unsecured portion If any |
| for each claim. If mor<br>much as possible, list  2.1 Flagstar Ba<br>Creditor's Name  Attn: Bankr<br>5151 Corpo   | re than one creditor has the claims in alphabetic ank ruptcy orate Drive   | a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.  Describe the property that secures the claim:  17229 N. 51st Drive Glendale, AZ 85308 Maricopa County  As of the date you file, the claim is: Check all that apply.  | Amount of claim Do not deduct the value of collateral.              | Value of collateral that supports this claim | Unsecured portion If any |
| for each claim. If mor<br>much as possible, list  2.1 Flagstar Ba<br>Creditor's Name  Attn: Bankr<br>5151 Corpo<br>Troy, MI 48  | re than one creditor has the claims in alphabetic ank cuptcy brate Drive 098   | a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.  Describe the property that secures the claim:  17229 N. 51st Drive Glendale, AZ 85308 Maricopa County  As of the date you file, the claim is: Check all that apply.  Contingent  | Amount of claim Do not deduct the value of collateral.              | Value of collateral that supports this claim | Unsecured portion If any |
| for each claim. If mor<br>much as possible, list  2.1 Flagstar Ba<br>Creditor's Name  Attn: Bankr<br>5151 Corpo<br>Troy, MI 48  | re than one creditor has the claims in alphabetic ank ruptcy orate Drive   | a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.  Describe the property that secures the claim:  17229 N. 51st Drive Glendale, AZ 85308 Maricopa County  As of the date you file, the claim is: Check all that apply.  □ Contingent □ Unliquidated   | Amount of claim Do not deduct the value of collateral.              | Value of collateral that supports this claim | Unsecured portion If any |
| for each claim. If mor much as possible, list  2.1 Flagstar Ba Creditor's Name  Attn: Bankr 5151 Corpo Troy, MI 48i  Number, Street, C  | re than one creditor has the claims in alphabetic ank  ruptcy brate Drive 098  Eity, State & Zip Code  | a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.  Describe the property that secures the claim:  17229 N. 51st Drive Glendale, AZ 85308 Maricopa County  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  | Amount of claim Do not deduct the value of collateral.              | Value of collateral that supports this claim | Unsecured portion If any |
| for each claim. If mor much as possible, list  2.1 Flagstar Ba Creditor's Name  Attn: Bankr 5151 Corpo Troy, MI 48i Number, Street, C   | re than one creditor has the claims in alphabetic ank  ruptcy brate Drive 098  Eity, State & Zip Code  | a particular claim, list the other creditors in Part 2. As call order according to the creditor's name.  Describe the property that secures the claim:  17229 N. 51st Drive Glendale, AZ 85308 Maricopa County  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.   | Amount of claim Do not deduct the value of collateral. \$110,753.00 | Value of collateral that supports this claim | Unsecured portion If any |
| for each claim. If mor much as possible, list  2.1 Flagstar Ba Creditor's Name  Attn: Bankr 5151 Corpo Troy, MI 480 Number, Street, C   | re than one creditor has the claims in alphabetic ank  ruptcy brate Drive 098  Eity, State & Zip Code  | a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.  Describe the property that secures the claim:  17229 N. 51st Drive Glendale, AZ 85308 Maricopa County  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  | Amount of claim Do not deduct the value of collateral. \$110,753.00 | Value of collateral that supports this claim | Unsecured portion If any |
| for each claim. If mor much as possible, list  2.1 Flagstar Ba Creditor's Name  Attn: Bankr 5151 Corpo Troy, MI 48 Number, Street, C  Who owes the debt Debtor 1 only Debtor 2 only   | re than one creditor has the claims in alphabetic ank  ruptcy prate Drive 098  city, State & Zip Code  1? Check one.   | a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.  Describe the property that secures the claim:  17229 N. 51st Drive Glendale, AZ 85308 Maricopa County  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or second lien)   | Amount of claim Do not deduct the value of collateral. \$110,753.00 | Value of collateral that supports this claim | Unsecured portion If any |
| for each claim. If mor much as possible, list  2.1 Flagstar Ba Creditor's Name  Attn: Bankr 5151 Corpo Troy, MI 480 Number, Street, C   | re than one creditor has the claims in alphabetic tink  ruptcy prate Drive 098  city, State & Zip Code  t? Check one.  | a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.  Describe the property that secures the claim:  17229 N. 51st Drive Glendale, AZ 85308 Maricopa County  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or sec car loan)  Statutory lien (such as tax lien, mechanic's lien)                              | Amount of claim Do not deduct the value of collateral. \$110,753.00 | Value of collateral that supports this claim | Unsecured portion If any |
| for each claim. If mor much as possible, list  2.1 Flagstar Ba Creditor's Name  Attn: Bankr 5151 Corpo Troy, MI 48  Number, Street, C  Who owes the debt Debtor 1 only Debtor 2 only Debtor 1 and Debt  | re than one creditor has the claims in alphabetic tink  ruptcy prate Drive 098  city, State & Zip Code  t? Check one.  tor 2 only debtors and another m relates to a | a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.  Describe the property that secures the claim:  17229 N. 51st Drive Glendale, AZ 85308 Maricopa County  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or second lien)   | Amount of claim Do not deduct the value of collateral. \$110,753.00 | Value of collateral that supports this claim | Unsecured portion If any |
| for each claim. If mor much as possible, list  2.1 Flagstar Ba Creditor's Name  Attn: Bankr 5151 Corpo Troy, MI 48 Number, Street, C  Who owes the debt Debtor 1 only Debtor 2 only Debtor 1 and Debt At least one of the Check if this claim | re than one creditor has the claims in alphabetic tink  ruptcy prate Drive 098  city, State & Zip Code  t? Check one.  tor 2 only debtors and another m relates to a | a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.  Describe the property that secures the claim:  17229 N. 51st Drive Glendale, AZ 85308 Maricopa County  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or sec car loan)  Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit | Amount of claim Do not deduct the value of collateral. \$110,753.00 | Value of collateral that supports this claim | Unsecured portion If any |

Date debt was incurred 3/30/19

0712

Last 4 digits of account number

| nother                                  | Describe the property that secures the claim:  17229 N. 51st Drive Glendale, AZ 85308 Maricopa County  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or scar loan)  Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) |   | \$264,772.00   | \$0.00  |
|---|---|---|--|---|
| nother                                  | 17229 N. 51st Drive Glendale, AZ 85308 Maricopa County  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or scar loan)  Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit  | secured   | \$264,772.00   | \$0.00  |
| ode nother                              | 85308 Maricopa County  As of the date you file, the claim is: Check all that apply.  ☐ Contingent ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply.  ☐ An agreement you made (such as mortgage or scar loan)  ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit   |   |  |   |
| nother Last                             | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or scar loan)  Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit  |   |  |   |
| nother<br>ed<br>Last                    | apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or scar loan)  Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit  |   |  |   |
| nother<br>ed<br>Last                    | <ul> <li>□ Contingent</li> <li>□ Unliquidated</li> <li>□ Disputed</li> <li>Nature of lien. Check all that apply.</li> <li>□ An agreement you made (such as mortgage or scar loan)</li> <li>□ Statutory lien (such as tax lien, mechanic's lien)</li> <li>□ Judgment lien from a lawsuit</li> </ul>  |   |  |   |
| nother<br>ed<br>Last                    | ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as mortgage or scar loan) ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit   |   |  |   |
| nother<br>ed<br>Last                    | Nature of lien. Check all that apply.  ☐ An agreement you made (such as mortgage or scar loan)  ☐ Statutory lien (such as tax lien, mechanic's lien)  ☐ Judgment lien from a lawsuit  |   |  |   |
| nother<br>ed<br>Last                    | <ul> <li>□ An agreement you made (such as mortgage or scar loan)</li> <li>□ Statutory lien (such as tax lien, mechanic's lien)</li> <li>□ Judgment lien from a lawsuit</li> </ul>   |   |  |   |
| nother<br>ed<br>Last                    | car loan)  Statutory lien (such as tax lien, mechanic's lien)  Judgment lien from a lawsuit   |   |  |   |
| nother<br>ed<br>Last                    | ☐ Judgment lien from a lawsuit  |   |  |   |
| ed<br>Last                              | =   |   |  |   |
| ed<br>Last                              | Other (including a right to offset)   |   |  |   |
| Last                                    |   |   |  |   |
|   | 0159  | 5   |  |   |
| 9                                       | Last 4 digits of account number 0158  | <u> </u>  |  |   |
|   | Describe the property that secures the claim:   | \$8,123.00  | \$11,586.00  | \$0.00  |
| I                                       | 2014 Hyundai Tucson 61000 miles KBB private party, good condition.  |   |  |   |
| t.                                      | As of the date you file, the claim is: Check all that   | ,   |  |   |
|   | apply.  |   |  |   |
|   |   |   |  |   |
|   |   |   |  |   |
|   | Nature of lien. Check all that apply.   |   |  |   |
|   |   | secured   |  |   |
|   | car loan)   |   |  |   |
|   | $\hfill \square$ Statutory lien (such as tax lien, mechanic's lien)   |   |  |   |
|   | ☐ Judgment lien from a lawsuit  |   |  |   |
|   | ☐ Other (including a right to offset)   |   |  |   |
| Last                                    |   |   |  |   |
| 9                                       | Last 4 digits of account number 0143  | <u> </u>  |  |   |
|   |   |   |  |   |
|   |   | \$128,345.  | 00   |   |
| rm, add th                              | he dollar value totals from all pages.  | \$128,345.  | 00   |   |
| a a e e e e e e e e e e e e e e e e e e | another a ed Last e 19 tries in Co  | Code  Code  Code  Unliquidated Disputed  Nature of lien. Check all that apply.  An agreement you made (such as mortgage or scar loan)  Statutory lien (such as tax lien, mechanic's lien)  another  Judgment lien from a lawsuit  Other (including a right to offset)  ed  Last e | Code Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) another Judgment lien from a lawsuit a Other (including a right to offset)  ed Last e 19 Last 4 digits of account number 0143  tries in Column A on this page. Write that number here: 5128,345. corm, add the dollar value totals from all pages. \$128,345. | Code Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) another Disputed Statutory lien (such as tax lien, mechanic's lien) another Disputed Statutory lien (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Another Other (including a right to offset)  ed Last e 19 Last 4 digits of account number 0143 |

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

| Fill in                       | this informati                                    | on to identify your c  | case:                               |   |                             |  |                  |                           |
|-------------------------------|---|--|-------------------------------------|---|-----------------------------|--|------------------|---------------------------|
| Debto                         | r 1   | Renee Frommel F  | uaiel                               |   |                             |  |                  |                           |
|                               |   | First Name   | Middle Na                           | me  | Last Name                   |  |                  |                           |
| Debto                         | _   | First Name   | Middle Na                           | mo  | Last Name                   |  |                  |                           |
| , .                           | <u> </u>  |  |                                     |   | Last Name                   |  |                  |                           |
| United                        | d States Bankru                                   | ptcy Court for the:  | DISTRICT O                          | F ARIZONA                                 |                             |  |                  |                           |
| Case                          | number  |  |                                     |   |                             |  |                  |                           |
| (if know                      | n)  |  |                                     | -   |                             |  |                  | Check if this is an       |
|                               |   |  |                                     |   |                             |  | a                | mended filing             |
| Offic                         | ial Form 1  | 06F/F  |                                     |   |                             |  |                  |                           |
|                               |   | : Creditors W  | ho Have                             | Unsecure                                  | d Claims                    |  |                  | 12/15                     |
|                               |   |  |                                     |   |                             | Part 2 for creditors with NON  | IPRIORITY clai   |                           |
| Schedu<br>left. Att<br>name a | lle D: Creditors \ ach the Continu nd case number | Who Have Claims Secu<br>ation Page to this page<br>(if known). | ured by Propert<br>e. If you have n | y. If more space is o information to r    | s needed, copy t            | any creditors with partially s<br>the Part you need, fill it out,<br>do not file that Part. On the t | number the en    | tries in the boxes on the |
| Part 1                        |   | Your PRIORITY Un   |                                     |   |                             |  |                  |                           |
| _                             |   | ave priority unsecured   | d claims agains                     | t you?                                    |                             |  |                  |                           |
|                               | No. Go to Part 2                                  | 2.   |                                     |   |                             |  |                  |                           |
|                               | Yes.  | VNONDDIODIT  | V II                                | 01-1                                      |                             |  |                  |                           |
| Part 2                        |   | Your NONPRIORIT  |                                     |   |                             |  |                  |                           |
| _                             |   | ave nonpriority unsec  | _                                   | •   |                             |  |                  |                           |
| Ц                             | No. You have no                                   | othing to report in this pa                                    | art. Submit this fo                 | orm to the court wit                      | th your other sche          | edules.  |                  |                           |
|                               | Yes.  |  |                                     |   |                             |  |                  |                           |
| un<br>tha                     | secured claim, lis                                | at the creditor separately                                     | for each claim.                     | For each claim liste                      | ed, identify what t         | holds each claim. If a credit<br>ype of claim it is. Do not list cl<br>three nonpriority unsecured c | aims already ind | cluded in Part 1. If more |
|                               |   |  |                                     |   |                             |  |                  | Total claim               |
| 4.1                           | Bank Of A   | merica   |                                     | Last 4 digits of a                        | count number                | 4961   |                  | \$2,396.00                |
|                               | Nonpriority Cre                                   |  |                                     |   |                             | Onened 12/10 Leaf  | A ativa          |                           |
|                               | 4909 Savar<br>FI1-908-01                          |  | ,                                   | When was the de                           | bt incurred?                | Opened 12/18 Last / 2/22/19  | Active           |                           |
|                               | Tampa, FL   |  |                                     |   |                             |  |                  | _                         |
|                               |   | City State Zip Code  |                                     | As of the date yo                         | u file, the claim i         | s: Check all that apply  |                  |                           |
|                               | _   | the debt? Check one.   |                                     | _   |                             |  |                  |                           |
|                               | Debtor 1 or                                       | •  |                                     | Contingent                                |                             |  |                  |                           |
|                               | Debtor 2 or                                       | •  |                                     | Unliquidated                              |                             |  |                  |                           |
|                               |   | nd Debtor 2 only   |                                     | Disputed                                  |                             |  |                  |                           |
|                               |   | e of the debtors and and                                       | il ici                              | Type of NONPRIC                           | JKITY unsecured             | d claim:   |                  |                           |
|                               | ☐ Check if the                                    | nis claim is for a comn  | nunity                              | Student loans                             |                             |  |                  |                           |
|                               |   | ubject to offset?  |                                     | Obligations aris<br>report as priority cl | sing out of a sepa<br>laims | ration agreement or divorce th   | iat you did not  |                           |
|                               | ■ No  |  |                                     |   |                             | g plans, and other similar deb   | ts               |                           |
|                               | ☐ Yes   |  |                                     | Other, Specify                            | •                           |  |                  |                           |

| Renee Frommel Fugiel   |   | Case number (if known)                        |            |  |  |  |
|--|---|---|------------|--|--|--|
| Capital One  | Last 4 digits of account number   | 3846  | \$9,854.00 |  |  |  |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285                                      | When was the debt incurred?   | Opened 06/18 Last Active 2/21/19              |            |  |  |  |
| Salt Lake City, UT 84130  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i  | ou file, the claim is: Check all that apply   |            |  |  |  |
| Debtor 1 only  | ☐ Contingent  |   |            |  |  |  |
| Debtor 2 only  | ☐ Unliquidated  |   |            |  |  |  |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |            |  |  |  |
| $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured   | d claim:                                      |            |  |  |  |
| ☐ Check if this claim is for a community   | ☐ Student loans   |   |            |  |  |  |
| debt Is the claim subject to offset?   | ☐ Obligations arising out of a sepa report as priority claims                 | aration agreement or divorce that you did not |            |  |  |  |
| ■ No   | Debts to pension or profit-sharin   | g plans, and other similar debts              |            |  |  |  |
| Yes  | Other. Specify Credit Card  | <u> </u>                                      |            |  |  |  |
| Citibank Nonpriority Creditor's Name   | Last 4 digits of account number   | 5642  | \$6,900.00 |  |  |  |
| P.O. Box 78045 Phoenix, AZ 85062-8045  | When was the debt incurred?   | 12/2018                                       |            |  |  |  |
| Number Street City State Zip Code  | As of the date you file, the claim i  | is: Check all that apply                      |            |  |  |  |
| Who incurred the debt? Check one.  |   |   |            |  |  |  |
| Debtor 1 only  | Contingent  |   |            |  |  |  |
| Debtor 2 only  | ☐ Unliquidated  |   |            |  |  |  |
| Debtor 1 and Debtor 2 only   | Disputed  |   |            |  |  |  |
| At least one of the debtors and another  | Type of NONPRIORITY unsecured  ☐ Student loans                                | d claim:                                      |            |  |  |  |
| ☐ Check if this claim is for a community debt Is the claim subject to offset?                  | _   | aration agreement or divorce that you did not |            |  |  |  |
| ■ No   | Debts to pension or profit-sharin   | o plans, and other similar debts              |            |  |  |  |
| ■ No □ Yes   | Other. Specify  | g pians, and other similar debts              |            |  |  |  |
|  |   |   |            |  |  |  |
| Citibank/The Home Depot Nonpriority Creditor's Name  | Last 4 digits of account number   | 7381  | \$1,838.00 |  |  |  |
| Attn: Recovery/Centralized<br>Bankruptcy<br>Po Box 790034                                      | When was the debt incurred?   | Opened 01/19 Last Active 3/07/19              |            |  |  |  |
| St Louis, MO 63179  Number Street City State Zip Code  Who incurred the debt? Check one.       | As of the date you file, the claim i  | is: Check all that apply                      |            |  |  |  |
| Debtor 1 only  | ☐ Contingent  |   |            |  |  |  |
| ☐ Debtor 2 only  | ☐ Unliquidated  |   |            |  |  |  |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |            |  |  |  |
| $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured   |   |            |  |  |  |
| ☐ Check if this claim is for a community debt  | <ul><li>☐ Student loans</li><li>☐ Obligations arising out of a sepa</li></ul> | ration agreement or divorce that you did not  |            |  |  |  |
| Is the claim subject to offset?  | report as priority claims   |   |            |  |  |  |
| ■ No   | Debts to pension or profit-sharing  | g plans, and other similar debts              |            |  |  |  |
| ☐ Yes  | Other Specify Charge Acc  | count   |            |  |  |  |

| Debtor | Renee Frommel Fugiel  | Case number (if known)  |   |             |  |  |
|--------|---|---|---|-------------|--|--|
| 4.5    | Citicards Cbna  | Last 4 digits of account number   | 5642  | \$6,880.00  |  |  |
|        | Nonpriority Creditor's Name Citi Bank Po Box 6077 Sioux Falls, SD 57117 Number Street City State Zip Code | When was the debt incurred?  As of the date you file, the claim in  |   |             |  |  |
|        | Who incurred the debt? Check one.   | As of the date you me, the claim  | э. Опеск ан шас арргу                         |             |  |  |
|        | ■ Debtor 1 only   | ☐ Contingent  |   |             |  |  |
|        | Debtor 2 only   | ☐ Unliquidated  |   |             |  |  |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |             |  |  |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured   | d claim:                                      |             |  |  |
|        | ☐ Check if this claim is for a community  | ☐ Student loans   |   |             |  |  |
|        | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims  | ration agreement or divorce that you did not  |             |  |  |
|        | ■ No  | Debts to pension or profit-sharing  | g plans, and other similar debts              |             |  |  |
|        | Yes   | Other. Specify Credit Card  | <u> </u>                                      |             |  |  |
| 4.6    | Dr. Paul Broadbent Nonpriority Creditor's Name  | Last 4 digits of account number   | unknown                                       | \$8,750.00  |  |  |
|        | 5133 N. Central Avenue<br>Phoenix, AZ 85012   | When was the debt incurred?   | 10/2018                                       |             |  |  |
|        | Number Street City State Zip Code  Who incurred the debt? Check one.                                      | As of the date you file, the claim i  |   |             |  |  |
|        | Debtor 1 only   | ☐ Contingent  |   |             |  |  |
|        | Debtor 2 only   | ☐ Unliquidated  |   |             |  |  |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |             |  |  |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  ☐ Student loans   |   |             |  |  |
|        | ☐ Check if this claim is for a community  |   |   |             |  |  |
|        | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims  |   |             |  |  |
|        | ■ No  | ☐ Debts to pension or profit-sharin   |   |             |  |  |
|        | Yes   | Other. Specify  |   |             |  |  |
| 4.7    | Elan Financial Service Nonpriority Creditor's Name  | Last 4 digits of account number   | 7066  | \$11,060.00 |  |  |
|        | Attn: Bankruptcy<br>4801 Frederica Street   | When was the debt incurred?   | Opened 04/17 Last Active 3/11/19              |             |  |  |
|        | Owensboro, KY 42301  Number Street City State Zip Code  Who incurred the debt? Check one.                 | As of the date you file, the claim  | s: Check all that apply                       |             |  |  |
|        | ■ Debtor 1 only   | ☐ Contingent  |   |             |  |  |
|        | Debtor 2 only   | ☐ Unliquidated  |   |             |  |  |
|        | Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |             |  |  |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |   |             |  |  |
|        | ☐ Check if this claim is for a community debt   | ☐ Student loans   | uration agreement or diverse that you did not |             |  |  |
|        | Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |   |             |  |  |
|        | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |   |             |  |  |
|        | ☐Yes  | ■ Other Specify Credit Card   | I   |             |  |  |

| Renee Frommel Fugiel   |   | Case number (if known)                        |            |  |  |
|--|---|---|------------|--|--|
| Exagen Diagnostics   | Last 4 digits of account number                             | 6493  | \$1,804.00 |  |  |
| Nonpriority Creditor's Name P.O. Box 27561 Albuquerque, NM 87125     | When was the debt incurred?                                 | 10/2018                                       |            |  |  |
| Number Street City State Zip Code                                    | As of the date you file, the claim                          |   |            |  |  |
| Who incurred the debt? Check one.                                    |   |   |            |  |  |
| ■ Debtor 1 only  | ☐ Contingent  |   |            |  |  |
| Debtor 2 only  | ☐ Unliquidated  |   |            |  |  |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |            |  |  |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                               | d claim:                                      |            |  |  |
| Check if this claim is for a community                               | Student loans   |   |            |  |  |
| debt<br>Is the claim subject to offset?                              | Obligations arising out of a separeport as priority claims  | aration agreement or divorce that you did not |            |  |  |
| ■ No   | Debts to pension or profit-sharing                          | ng plans, and other similar debts             |            |  |  |
| ☐ Yes  | Other. Specify  |   |            |  |  |
| First Premier Bank   | Last 4 digits of account number                             | 2664  | \$87.00    |  |  |
| Nonpriority Creditor's Name  Attn: Bankruptcy                        |   | Opened 03/19 Last Active                      |            |  |  |
| Po Box 5524  | When was the debt incurred?                                 | 3/17/19                                       |            |  |  |
| Sioux Falls, SD 57117  |   |   |            |  |  |
| Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply |   |            |  |  |
| Debtor 1 only  | ☐ Contingent  |   |            |  |  |
| Debtor 2 only  | ☐ Unliquidated  |   |            |  |  |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |            |  |  |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim: ☐ Student loans        |   |            |  |  |
| ☐ Check if this claim is for a community                             |   |   |            |  |  |
| debt   | ☐ Obligations arising out of a sepa                         | aration agreement or divorce that you did not |            |  |  |
| s the claim subject to offset?                                       | report as priority claims                                   |   |            |  |  |
| No   | Debts to pension or profit-sharing                          |   |            |  |  |
| Yes  | Other. Specify Credit Card                                  | <u> </u>                                      |            |  |  |
| Isbc Bank  | Last 4 digits of account number                             | 8509  | \$3,120.00 |  |  |
| Nonpriority Creditor's Name  Hsbc Card Srvs/Attn: Bankruptcy         | _   | Opened 01/19 Last Active                      |            |  |  |
| Po Box 4215  | When was the debt incurred?                                 | 4/05/19                                       |            |  |  |
| Buffolo, NY 14240  | =   |   |            |  |  |
| Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                          | is: Uneck all that apply                      |            |  |  |
| Debtor 1 only  | ☐ Contingent  |   |            |  |  |
| ☐ Debtor 2 only  | ☐ Unliquidated  |   |            |  |  |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |            |  |  |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                               | d claim:                                      |            |  |  |
| ☐ Check if this claim is for a community                             | Student loans   |   |            |  |  |
| debt   |   | aration agreement or divorce that you did not |            |  |  |
| Is the claim subject to offset?                                      | report as priority claims                                   |   |            |  |  |
| No   | Debts to pension or profit-sharing                          |   |            |  |  |
| ∏ Yes  | Other Specify Credit Card                                   | 1   |            |  |  |

| otor 1 Renee Frommel Fugiel                                  |                        |  | Case number (if known)                                |            |  |
|--|------------------------|--|---|------------|--|
| 1 Kohls/Capital (  |                        | Last 4 digits of account number  | 6083  | \$1,008.00 |  |
| Nonpriority Creditor' Kohls Credit Po Box 3120 Milwaukee, WI |                        | When was the debt incurred?  |   |            |  |
| Number Street City Who incurred the c                        | •                      | As of the date you file, the claim i   |   |            |  |
| ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and De            | btor 2 only            | ☐ Contingent☐ Unliquidated☐ Disputed   |   |            |  |
|  | ne debtors and another | Type of NONPRIORITY unsecured  Student loans   | I claim: ration agreement or divorce that you did not |            |  |
| Is the claim subjec  | t to offset?           | report as priority claims  Debts to pension or profit-sharin   | · ·   |            |  |
| ☐ Yes  |                        | Other Specify Charge Acc   |   |            |  |
| Lynn County H  | =                      | Last 4 digits of account number  | 1654  | \$2,932.00 |  |
| 2600 Lockwoo<br>Tahoka, TX 793                               | d                      | When was the debt incurred?  | 1/2017  |            |  |
| Number Street City   | State Zip Code         | As of the date you file, the claim i   | s: Check all that apply                               |            |  |
| ■ Debtor 1 only  |                        | ☐ Contingent   |   |            |  |
| Debtor 2 only  |                        | ☐ Unliquidated   |   |            |  |
| ☐ Debtor 1 and De  | btor 2 only            | ☐ Disputed   |   |            |  |
| <u></u>  | ne debtors and another | Type of NONPRIORITY unsecured  | I claim:  |            |  |
|  | aim is for a community | ☐ Student loans  |   |            |  |
| debt<br>Is the claim subjec                                  | •                      | $\hfill \Box$<br>Obligations arising out of a separation agreement or divorce that you did not report as priority claims |   |            |  |
| No   |                        | Debts to pension or profit-sharing plans, and other similar debts  |   |            |  |
| ☐ Yes  |                        | Other. Specify   |   |            |  |
| Midlandstatesk Nonpriority Creditor                          |                        | Last 4 digits of account number  | 1769  | \$18,291.0 |  |
| 1797 N East Ex<br>Brookhaven, G                              |                        | When was the debt incurred?  | Opened 12/18 Last Active 2/15/19                      |            |  |
| Number Street City :   | State Zip Code         | As of the date you file, the claim i   | s: Check all that apply                               |            |  |
| Debtor 1 only  |                        | ☐ Contingent   |   |            |  |
| Debtor 2 only  |                        | ☐ Unliquidated   |   |            |  |
| Debtor 1 and De  | btor 2 only            | ☐ Disputed   |   |            |  |
|  | ne debtors and another | Type of NONPRIORITY unsecured  | I claim:  |            |  |
| ☐ Check if this cla  | aim is for a community | ☐ Student loans☐ Obligations arising out of a sepa   | ration agreement or divorce that you did not          |            |  |
| Is the claim subjec  | t to offset?           | report as priority claims  |   |            |  |
| ■ No   |                        | Debts to pension or profit-sharin  | g plans, and other similar debts                      |            |  |
| ☐ Yes ☐ Other, Specify Unsecured                             |                        |  | secured   |            |  |

| ebt | Pr 1 Renee Frommel Fugiel   |  | Case number (if known)                                 |             |  |  |  |  |  |
|-----|---|--|--|-------------|--|--|--|--|--|
| .1  | Msb Bank/gs   | Last 4 digits of account number  | 1769   | \$18,291.00 |  |  |  |  |  |
|     | Nonpriority Creditor's Name  1797 Ne Expressway Atlanta, GA 30329   | When was the debt incurred?  |  |             |  |  |  |  |  |
|     | Number Street City State Zip Code Who incurred the debt? Check one.   | As of the date you file, the claim is: Check all that apply                          |  |             |  |  |  |  |  |
|     | ■ Debtor 1 only □ Debtor 2 only   | ☐ Contingent ☐ Unliquidated  |  |             |  |  |  |  |  |
|     | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another  | ☐ Disputed  Type of NONPRIORITY unsecured  | d claim:   |             |  |  |  |  |  |
|     | ☐ Check if this claim is for a community debt Is the claim subject to offset?                                   | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims         | aration agreement or divorce that you did not          |             |  |  |  |  |  |
|     | ■ No □ Yes  | ☐ Debts to pension or profit-sharin ☐ Other. Specify                                 |  |             |  |  |  |  |  |
| 1   | OneMain Financial   | Last 4 digits of account number  | 1412   | \$9,978.00  |  |  |  |  |  |
|     | Nonpriority Creditor's Name Attn: Bankruptcy 601 Nw 2nd Street  | When was the debt incurred?  | Opened 01/19 Last Active 3/08/19                       |             |  |  |  |  |  |
|     | Evansville, IN 47708  Number Street City State Zip Code  Who incurred the debt? Check one.                      | As of the date you file, the claim   | is: Check all that apply                               |             |  |  |  |  |  |
|     | ■ Debtor 1 only □ Debtor 2 only   | ☐ Contingent ☐ Unliquidated  |  |             |  |  |  |  |  |
|     | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community | ☐ Disputed  Type of NONPRIORITY unsecured  Student loans                             | d claim:   |             |  |  |  |  |  |
|     | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims                         | aration agreement or divorce that you did not          |             |  |  |  |  |  |
|     | ■ No □ Yes  | ☐ Debts to pension or profit-sharin  ☐ Other. Specify  ☐ Unsecured                   |  |             |  |  |  |  |  |
| _   | _ 1.00  | Other. Specify   |  |             |  |  |  |  |  |
|     | Penney's Nonpriority Creditor's Name  | Last 4 digits of account number  | 7211   | \$1,900.00  |  |  |  |  |  |
|     | P.O. Box 960090 Orlando, FL 32896-0090 Number Street City State Zip Code  | When was the debt incurred?  As of the date you file, the claim                      | 12/2018  |             |  |  |  |  |  |
|     | Who incurred the debt? Check one.   | _  | <b>ъ.</b> Опеск ан тат арргу                           |             |  |  |  |  |  |
|     | ■ Debtor 1 only □ Debtor 2 only   | ☐ Contingent ☐ Unliquidated  |  |             |  |  |  |  |  |
|     | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |             |  |  |  |  |  |
|     | ☐ At least one of the debtors and another☐ Check if this claim is for a community debt                          | Type of NONPRIORITY unsecured  ☐ Student loans ☐ Obligations arising out of a sense. | d claim: aration agreement or divorce that you did not |             |  |  |  |  |  |
|     | Is the claim subject to offset?   | report as priority claims  Debts to pension or profit-sharin                         | · ,  |             |  |  |  |  |  |
|     | □ vos   | <b>—</b> 04 0 4  |  |             |  |  |  |  |  |

| Renee Frommel Fugiel   |   | Case number (if known)                       |        |
|--|---|--|--------|
| Simon Medical  | Last 4 digits of account number                             | 2872   | \$89.1 |
| Nonpriority Creditor's Name<br>P.O. Box 204165<br>Dallas, TX 75320-4165                  | When was the debt incurred?                                 | 2018   |        |
| Number Street City State Zip Code  Who incurred the debt? Check one.                     | As of the date you file, the claim is                       |  |        |
| Debtor 1 only  | ☐ Contingent  |  |        |
| ☐ Debtor 2 only  | ☐ Unliquidated  |  |        |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |        |
| lacksquare At least one of the debtors and another                                       | Type of NONPRIORITY unsecured                               | I claim:                                     |        |
| ☐ Check if this claim is for a community debt  | Student loans   |  |        |
| Is the claim subject to offset?  | report as priority claims                                   | ration agreement or divorce that you did not |        |
| ■ No   | Debts to pension or profit-sharing                          | g plans, and other similar debts             |        |
| Yes  | Other. Specify  |  |        |
| Sonora Quest Labs  | Last 4 digits of account number                             | unknown                                      | \$227. |
| Nonpriority Creditor's Name<br>15331 W. Bell Road<br>Suite 110                           | When was the debt incurred?                                 | 2018   |        |
| Surprise, AZ 85374  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i                        | s: Check all that apply                      |        |
| ■ Debtor 1 only  | ☐ Contingent  |  |        |
| Debtor 2 only  | ☐ Unliquidated  |  |        |
| ☐ Debtor 1 and Debtor 2 only   | □ Disputed  |  |        |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                               | I claim:                                     |        |
| ☐ Check if this claim is for a community   | ☐ Student loans   |  |        |
| debt Is the claim subject to offset?   | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not |        |
| ■ No   | Debts to pension or profit-sharing                          | g plans, and other similar debts             |        |
| Yes  | Other. Specify  |  |        |
| Southwest Diagnostic Image   | Last 4 digits of account number                             | 5002   | \$53.  |
| Nonpriority Creditor's Name<br>2323 W. Rose Garden Lane<br>Phoenix, AZ 85037-2530        | When was the debt incurred?                                 | 2018   |        |
| Number Street City State Zip Code  | As of the date you file, the claim is                       | s: Check all that apply                      |        |
| Who incurred the debt? Check one.  |   |  |        |
| Debtor 1 only  | ☐ Contingent  |  |        |
| Debtor 2 only  | ☐ Unliquidated  |  |        |
| Debtor 1 and Debtor 2 only   | Disputed  |  |        |
| At least one of the debtors and another  | Type of NONPRIORITY unsecured                               | l claim:                                     |        |
| Check if this claim is for a community debt  |   | ration agreement or divorce that you did not |        |
| Is the claim subject to offset?  | report as priority claims                                   | and and add an aimite and the                |        |
| ■ No   | Debts to pension or profit-sharing                          | g plans, and other similar debts             |        |
| □Yes   | Other, Specify  |  |        |

| St.Luke's Hospital Nonpriority Creditor's Name                       | Last 4 digits of account number                                     | 3859  | \$3,000.0 |  |  |  |
|--|---|---|-----------|--|--|--|
| 1800 E. Van Buren Street<br>Phoenix, AZ 85006-3742                   | When was the debt incurred?   |   |           |  |  |  |
| Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i                                |   |           |  |  |  |
| Debtor 1 only  | ☐ Contingent  |   |           |  |  |  |
| Debtor 2 only  | ☐ Unliquidated  |   |           |  |  |  |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |           |  |  |  |
| $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecured                                       | d claim:                                      |           |  |  |  |
| Check if this claim is for a community debt                          |   | aration agreement or divorce that you did not |           |  |  |  |
| Is the claim subject to offset?<br>■                                 | report as priority claims   |   |           |  |  |  |
| ■ No<br>□ Yes  | Debts to pension or profit-sharin                                   |   |           |  |  |  |
| Yes  | Other. Specify  |   |           |  |  |  |
| Synchrony Bank/ JC Penneys Nonpriority Creditor's Name               | Last 4 digits of account number                                     | 3721  | \$1,551.  |  |  |  |
| Attn: Bankruptcy   |   | Opened 12/18 Last Active                      |           |  |  |  |
| Po Box 956060  | When was the debt incurred?   | 1/24/19                                       |           |  |  |  |
| Orlando, FL 32896 Number Street City State Zip Code                  | As of the date you file, the claim i                                |   |           |  |  |  |
| Who incurred the debt? Check one.                                    | As of the date you me, the dam is. Oneck an mat apply               |   |           |  |  |  |
| ■ Debtor 1 only  | ☐ Contingent  |   |           |  |  |  |
| ☐ Debtor 2 only  | ☐ Unliquidated  |   |           |  |  |  |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |           |  |  |  |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                       | d claim:                                      |           |  |  |  |
| ☐ Check if this claim is for a community                             | ☐ Student loans   |   |           |  |  |  |
| debt<br>Is the claim subject to offset?                              | Obligations arising out of a separeport as priority claims          | aration agreement or divorce that you did not |           |  |  |  |
| ■ No   | □ Debts to pension or profit-sharing plans, and other similar debts |   |           |  |  |  |
| Yes  | Other. Specify Charge Acc   | count   |           |  |  |  |
| TruWest Credit Union   | Last 4 digits of account number                                     | 0125  | \$3,022.  |  |  |  |
| Nonpriority Creditor's Name  | _   |   |           |  |  |  |
| Attn: Bankruptcy Deot.<br>P.O. Box 3489                              | When was the debt incurred?   | Opened 08/15 Last Active 3/07/19              |           |  |  |  |
| Scottsdale, AZ 85271   |   |   |           |  |  |  |
| Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i                                | is: Check all that apply                      |           |  |  |  |
| Debtor 1 only  | ☐ Contingent  |   |           |  |  |  |
| Debtor 2 only  | ☐ Unliquidated  |   |           |  |  |  |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |           |  |  |  |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                       | d claim:                                      |           |  |  |  |
| ☐ Check if this claim is for a community                             | ☐ Student loans   |   |           |  |  |  |
| debt   |   | aration agreement or divorce that you did not |           |  |  |  |
| Is the claim subject to offset?                                      | report as priority claims  Debts to pension or profit-sharin        | ng plans, and other similar debts             |           |  |  |  |
| ■ No   | ·   | • •   |           |  |  |  |
| Yes  | ■ Other. Specify Credit Card  | 1   |           |  |  |  |

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| TruWest Credit Union  | Last 4 digits of account number   | 7384  | Unknowr           |  |
|---|---|---|-------------------|--|
| Nonpriority Creditor's Name Attn: Bankruptcy Deot. P.O. Box 3489                              | When was the debt incurred?   |   |                   |  |
| Scottsdale, AZ 85271  Number Street City State Zip Code                                       | As of the date you file, the claim i  | is: Check all that apply                      |                   |  |
| Who incurred the debt? Check one.   | , 10 01 1110 uuto <b>,</b> 0110 01uttiin 1  | C. C      |                   |  |
| Debtor 1 only   | ☐ Contingent  |   |                   |  |
| Debtor 2 only   | ☐ Unliquidated  |   |                   |  |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |                   |  |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured   | d claim:                                      |                   |  |
| ☐ Check if this claim is for a community  | ☐ Student loans   |   |                   |  |
| debt<br>Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims  | aration agreement or divorce that you did not |                   |  |
| No  | Debts to pension or profit-sharing  | ng plans, and other similar debts             |                   |  |
| □ Yes   | ■ Other. Specify Credit Card  | <u> </u>                                      |                   |  |
| Uptown Surgery Center   | Last 4 digits of account number   | unknown                                       | \$7,746.00        |  |
| Nonpriority Creditor's Name   |   |   | <b>V</b> 1,110100 |  |
| 5133 N. Central Avenue<br>Phoenix, AZ 85012   | When was the debt incurred?   | 10/2018                                       |                   |  |
| Number Street City State Zip Code  Who incurred the debt? Check one.                          | As of the date you file, the claim  | is: Check all that apply                      |                   |  |
| Debtor 1 only   | ☐ Contingent  |   |                   |  |
| Debtor 2 only   | ☐ Unliquidated  |   |                   |  |
| Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |                   |  |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured   | d claim:                                      |                   |  |
| ☐ Check if this claim is for a community  | ☐ Student loans   |   |                   |  |
| debt<br>Is the claim subject to offset?   | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |   |                   |  |
| No  | ☐ Debts to pension or profit-sharing plans, and other similar debts   |   |                   |  |
| □ Yes   | Other. Specify  |   |                   |  |
| √alley Radiologist  |   | unknown                                       | \$351.00          |  |
| Nonpriority Creditor's Name   | Last 4 digits of account number   |   | Ψ331.00           |  |
| 13909 W. Camino Del Sol<br>Suite 101  | When was the debt incurred?   | 10/2018                                       |                   |  |
| Sun City West, AZ 85375  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim  | is: Check all that apply                      |                   |  |
| ■ Debtor 1 only   | ☐ Contingent  |   |                   |  |
| Debtor 2 only   | ☐ Unliquidated  |   |                   |  |
| Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |                   |  |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured   | d claim:                                      |                   |  |
| ☐ Check if this claim is for a community  | Student loans   |   |                   |  |
| debt  | ☐ Obligations arising out of a sepa   | aration agreement or divorce that you did not |                   |  |
| Is the claim subject to offset?   | report as priority claims   | ·   |                   |  |
| ■ No  | Debts to pension or profit-sharing  | ng plans, and other similar debts             |                   |  |
| □Yes  | Other Specify   |   |                   |  |

| Visa Dept Store National<br>Bank/Macy's       | Last 4 digits of account number     | 2457   | \$465. |
|---|-------------------------------------|--|--------|
| Nonpriority Creditor's Name  Attn: Bankruptcy |                                     | Opened 01/19 Last Active                     |        |
| Po Box 8053                                   | When was the debt incurred?         | 3/21/19                                      |        |
| Mason, OH 45040                               |                                     |  |        |
| Number Street City State Zip Code             | As of the date you file, the claim  | s: Check all that apply                      |        |
| Who incurred the debt? Check one.             |                                     |  |        |
| Debtor 1 only                                 | ☐ Contingent                        |  |        |
| Debtor 2 only                                 | ☐ Unliquidated                      |  |        |
| Debtor 1 and Debtor 2 only                    | ☐ Disputed                          |  |        |
| At least one of the debtors and another       | Type of NONPRIORITY unsecured       | d claim:                                     |        |
| ☐ Check if this claim is for a community      | ☐ Student loans                     |  |        |
| debt  | ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not |        |
| s the claim subject to offset?                | report as priority claims           |  |        |
| ■ No  | Debts to pension or profit-sharing  | g plans, and other similar debts             |        |
| ☐ Yes   | ■ Other. Specify Charge Acc         | count  |        |

### Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total Claim      |
|--------------|-----|---|-----|------------------|
|              | 6a. | Domestic support obligations  | 6a. | \$<br>0.00       |
| Total claims |     |   |     |                  |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>0.00       |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00       |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00       |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00       |
|              |     |   |     | Total Claim      |
| Total        | 6f. | Student loans   | 6f. | \$<br>0.00       |
| claims       | _   |   |     |                  |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00       |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00       |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>121,593.79 |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>121,593.79 |

| Fill in this information to identify your case:           |            |                     |           |  |  |
|---|------------|---------------------|-----------|--|--|
| Debtor 1 Renee Frommel Fugiel                             |            |                     |           |  |  |
|   | First Name | Middle Name         | Last Name |  |  |
| Debtor 2  |            |                     |           |  |  |
| (Spouse if, filing)                                       | First Name | Middle Name         | Last Name |  |  |
| United States Bankruptcy Court for the:                   |            | DISTRICT OF ARIZONA | <b>\</b>  |  |  |
| Case number (if known) Check if this is an amended filing |            |                     |           |  |  |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 |           |              |   |                   |   |
|     | Name      |              |   |                   | <del>_</del>                            |
|     | Number    | Street       |   |                   |   |
|     | City      |              | State   | ZIP Code          | _                                       |
| 2.2 |           |              |   |                   |   |
|     | Name      |              |   |                   |   |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          |   |
| 2.3 | <u> </u>  |              | Otato   |                   |   |
|     | Name      |              |   |                   |   |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | _                                       |
| 2.4 |           |              |   |                   |   |
| ,   | Name      |              |   |                   |   |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          |   |
| 2.5 | -         |              |   |                   |   |
| 0   | Name      |              |   |                   |   |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | <del>_</del>                            |
|     | Jily      |              | Ciaio   |                   |   |

| Fill in this i          | information to identify your                                       | case:                         |                       |  |   |
|-------------------------|--|-------------------------------|-----------------------|--|---|
| Debtor 1                | Renee Frommel F  |                               |                       |  |   |
| Debtor 2                | First Name   | Middle Name                   | Last Name             |  |   |
| (Spouse if, filing      | g) First Name  | Middle Name                   | Last Name             |  |   |
| United State            | es Bankruptcy Court for the:                                       | DISTRICT OF ARIZONA           | 4                     |  |   |
| Case numb<br>(if known) | er   |                               |                       |  | ☐ Check if this is an amended filing  |
| Official                | Form 106H  |                               |                       |  |   |
|                         | ule H: Your Cod  | ebtors                        |                       |  | 12/15   |
| our name                | and case number (if known)   | . Answer every question       |                       |  | o of any Additional Pages, write  |
| ■ No<br>□ Yes           |  |                               |                       |  |   |
|                         | in the last 8 years, have you<br>a, California, Idaho, Louisiana,  |                               |                       |  | v states and territories include  |
| _                       | Go to line 3. Did your spouse, former spou                         | use, or legal equivalent live | with you at the time? |  |   |
| in line :<br>Form 1     | 2 again as a codebtor only i                                       | f that person is a guaran     | tor or cosigner. Make | sure you have listed th                                    | g with you. List the person shown<br>he creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fill |
|                         | Column 1: Your codebtor<br>ame, Number, Street, City, State and Zi | P Code                        |                       | Column 2: The cre<br>Check all schedule                    | ditor to whom you owe the debt s that apply:  |
| 3.1                     | lame   |                               |                       | ☐ Schedule D, line ☐ Schedule E/F, li ☐ Schedule G, line   | ne  |
|                         | Jumber Street<br>City  | State                         | ZIP Code              | _  |   |
| 3.2                     | lame   |                               |                       | ☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line | ne  |
|                         | lumber Street<br>City  | State                         | ZIP Code              | _  |   |

Schedule H: Your Codebtors

| Fill        | in this information to identify your ca   | ase:                       |   |               |                |              |                                  |          |
|-------------|---|----------------------------|---|---------------|----------------|--------------|----------------------------------|----------|
| Del         | otor 1 Renee From   | mel Fugiel                 |   |               |                |              |                                  |          |
|             | otor 2<br>ouse, if filing)  |                            |   |               |                |              |                                  |          |
| Uni         | ted States Bankruptcy Court for the   | : DISTRICT OF ARIZO        | NA  |               |                |              |                                  |          |
|             | se number   |                            | _   | Chec          | ck if this is  | :            |                                  |          |
| (If kr      | nown)   |                            |   |               | An amende      | J            |                                  |          |
|             |   |                            |   |               |                |              | g postpetition<br>ollowing date: |          |
| 0           | fficial Form 106I   |                            |   | Ī             | MM / DD/ Y     | YYYY         |                                  |          |
| S           | chedule I: Your Inc   | ome                        |   |               |                |              |                                  | 12/15    |
| spo<br>atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | ır spouse is not filing w  | ith you, do not include informa                 | tion abou     | t your sp      | ouse. If mo  | ore space is                     | needed,  |
| 1.          | Fill in your employment information.  |                            | Debtor 1  |               | Debtor 2       | 2 or non-fi  | iling spouse                     |          |
|             | If you have more than one job, attach a separate page with information about additional employers.                          | Employment status          | ■ Employed                                      |               | ☐ Employed     |              |                                  |          |
|             |   | Employment status          | ☐ Not employed                                  |               | ☐ Not employed |              |                                  |          |
|             |   | Occupation                 | Right of Way Agent                              |               |                |              |                                  |          |
|             | Include part-time, seasonal, or self-employed work.   | Employer's name            | City of Surprise                                |               |                |              |                                  |          |
|             | Occupation may include student or homemaker, if it applies.   | Employer's address         | 16006 N. Civic Center Pla<br>Surprise, AZ 85374 | za            |                |              |                                  |          |
|             |   | How long employed t        | here? 4 years                                   |               | _              |              |                                  |          |
| Par         | Give Details About Mor  | nthly Income               |   |               |                |              |                                  |          |
|             | mate monthly income as of the duse unless you are separated.  | ate you file this form. If | you have nothing to report for an               | y line, write | e \$0 in the   | space. Inc   | clude your no                    | n-filing |
|             | ou or your non-filing spouse have mo<br>e space, attach a separate sheet to   |                            | ombine the information for all emp              | oloyers for   | that perso     | on on the li | nes below. If                    | you need |
|             |   |                            |   | For De        | btor 1         |              | btor 2 or<br>ing spouse          |          |
| 2.          | List monthly gross wages, sala deductions). If not paid monthly,  |                            |   | \$4           | ,413.18        | \$           | N/A                              | -        |
| 3.          | Estimate and list monthly overt   | ime pay.                   | 3. +  | \$            | 0.00           | +\$          | N/A                              | -        |
| 1           | Calculate gross Income Add lin  | 2 1 lino 2                 | 4   | ф <b>АА</b>   | 12 10          | · ·          | NI/A                             |          |

|     |                           |   |  |                   | For | Debtor 1       |      | ebtor 2 or<br>ling spouse |              |
|-----|---------------------------|---|--|-------------------|-----|----------------|------|---------------------------|--------------|
|     | Сору                      | line 4 here   |  | 4.                | \$  | 4,413.18       | \$   | N/A                       | _            |
| 5.  | List a                    | all payroll deduct  |  |                   |     |                |      |                           | _            |
|     | 5a.                       | Tax, Medicare,  | and Social Security deductions   | 5a.               | \$  | 632.49         | \$   | N/A                       |              |
|     | 5b.                       | Mandatory cont  | tributions for retirement plans  | 5b.               | \$  | 0.00           | \$   | N/A                       | _            |
|     | 5c.                       | Voluntary contr   | ributions for retirement plans   | 5c.               | \$  | 522.84         | \$   | N/A                       | <del>-</del> |
|     | 5d.                       | Required repay  | ments of retirement fund loans   | 5d.               | \$  | 0.00           | \$   | N/A                       | <del>-</del> |
|     | 5e.                       | Insurance   |  | 5e.               | \$  | 291.35         | \$   | N/A                       | <u>-</u>     |
|     | 5f.                       | Domestic supp   | ort obligations  | 5f.               | \$  | 0.00           | \$   | N/A                       | <u> </u>     |
|     | 5g.                       | Union dues  |  | 5g.               | \$  | 0.00           | \$   | N/A                       | _            |
|     | 5h.                       | Other deduction   | ns. Specify:   | 5h.+              | \$  | 0.00           | + \$ | N/A                       | _            |
| 6.  | Add                       | the payroll dedu  | ctions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.                | \$  | 1,446.68       | \$   | N/A                       | _            |
| 7.  | Calcu                     | ulate total month   | lly take-home pay. Subtract line 6 from line 4.  | 7.                | \$  | 2,966.50       | \$   | N/A                       | <u>-</u>     |
| 8.  | List a<br>8a.             | Net income from profession, or for Attach a statement                                   | ent for each property and business showing gross<br>y and necessary business expenses, and the total   | 8a.               | \$  | 0.00           | \$   | N/A                       |              |
|     | 8b.                       | Interest and div  | ridends  | 8b.               | \$  | 0.00           | \$   | N/A                       | _            |
|     | 8c.                       | regularly receive Include alimony,  | payments that you, a non-filing spouse, or a dependence spousal support, child support, maintenance, divorce property settlement.  | n <b>t</b><br>8c. | \$  | 498.04         | \$   | N/A                       | _            |
|     | 8d.                       | Unemployment  | compensation   | 8d.               | \$  | 0.00           | \$   | N/A                       | _            |
|     | 8e.                       | <b>Social Security</b>  |  | 8e.               | \$  | 0.00           | \$   | N/A                       | _            |
|     | 8f.                       | Include cash ass<br>that you receive,   | ent assistance that you regularly receive<br>sistance and the value (if known) of any non-cash assistanc<br>, such as food stamps (benefits under the Supplemental<br>nce Program) or housing subsidies. | ce<br>8f.         | \$  | 0.00           | \$   | N/A                       |              |
|     | 8g.                       | Pension or retir  | rement income  | 8g.               | \$  | 0.00           | \$   | N/A                       |              |
|     | 8h.                       | Other monthly i   | income. Specify:   | 8h.+              | \$  | 0.00           | + \$ | N/A                       | _            |
| 9.  | Add                       | all other income.   | . Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.                | \$  | 498.04         | \$   | N/A                       | A            |
| 10. |                           | •   | come. Add line 7 + line 9.  10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10. \$            | ;   | 3,464.54 + \$_ |      | <b>N/A</b> = \$ _         | 3,464.54     |
| 11. | State<br>Include<br>other | e all other regular<br>de contributions fr<br>friends or relative<br>ot include any amo | r contributions to the expenses that you list in Schedul om an unmarried partner, members of your household, you   | ır depend         | -   |                |      | nedule J.                 | 0.00         |
| 12. |                           | that amount on the  | e last column of line 10 to the amount in line 11. The rene Summary of Schedules and Statistical Summary of Certa  |                   |     |                |      | 12. \$                    | 3,464.54     |
|     |                           |   |  |                   |     |                |      | Combi                     |              |
| 13. | Do ye                     | ou expect an inc  | rease or decrease within the year after you file this form   | m?                |     |                |      | month                     | ly income    |
|     |                           | Yes. Explain:   |  |                   |     |                |      |                           |              |
|     |                           |   | · · · · · · · · · · · · · · · · · · ·  |                   |     |                |      |                           |              |

|            | in Alain in C               | tion to the tife                                      |                        |  |                          |            |             |                             |  |
|------------|-----------------------------|---|------------------------|--|--------------------------|------------|-------------|-----------------------------|--|
| Fill       | in this informa             | tion to identify yo                                   | ur case:               |  |                          |            |             |                             |  |
| Deb        | otor 1                      | Renee From  | nel Fugi               | el   |                          |            | eck if this |                             |  |
| Deb        | otor 2                      |   |                        |  |                          |            |             | ended filing<br>Jement show | wing postpetition chapter                              |
| 1          | ouse, if filing)            |   |                        |  |                          | "          |             |                             | the following date:                                    |
| Unit       | ted States Bankr            | uptcy Court for the:                                  | DISTRI                 | CT OF ARIZONA  |                          |            | MM / D      | D / YYYY                    |  |
|            | se number<br>nown)          |   |                        |  |                          |            |             |                             |  |
| 0          | fficial Fo                  | rm 106J   |                        |  |                          |            |             |                             |  |
| S          | chedule                     | J: Your I   | Exper                  | ises   |                          |            |             |                             | 12/15  |
| Be<br>info | as complete a               | and accurate as                                       | possible<br>eded, atta | . If two married people<br>ch another sheet to the   |                          |            |             |                             |  |
| Par        |                             | ibe Your House  | hold                   |  |                          |            |             |                             |  |
| 1.         | Is this a join              |   |                        |  |                          |            |             |                             |  |
|            | ■ No. Go to                 | iline 2.<br><b>s Debtor 2 live i</b>                  | n a sanar              | ata housahold?                                       |                          |            |             |                             |  |
|            | □ res. <b>Doe</b>           |   | ii a sepai             | ate nousenoia:                                       |                          |            |             |                             |  |
|            | =                           | ~   | t file Offici          | al Form 106J-2, Expen                                | ses for Separate Hous    | ehold of D | ebtor 2.    |                             |  |
| 2.         | Do you have                 | e dependents?   | □ No                   |  |                          |            |             |                             |  |
|            | Do not list Do<br>Debtor 2. | -   | Yes.                   | Fill out this information for each dependent         |                          |            | Dep<br>age  | endent's                    | Does dependent live with you?                          |
|            | Do not state                | the   |                        |  |                          |            |             |                             | □ No   |
|            | dependents                  | names.  |                        |  | Daughter                 |            | 17          |                             | ■ Yes  |
|            |                             |   |                        |  |                          |            |             |                             | □ No   |
|            |                             |   |                        |  |                          |            |             |                             | ☐ Yes<br>☐ No  |
|            |                             |   |                        |  |                          |            |             |                             | □ Yes  |
|            |                             |   |                        |  |                          |            |             |                             | □ No   |
|            |                             |   |                        |  |                          |            |             |                             | ☐ Yes  |
| 3.         | expenses of                 | enses include<br>f people other th<br>d your depender | nan $_{\square}$       | No<br>Yes  |                          |            |             |                             |  |
| Par        | rt 2: Estim                 | ate Your Ongoir                                       | ng Month               | y Expenses   |                          |            |             |                             |  |
| exp        |                             |   |                        |  |                          |            |             |                             | apter 13 case to report<br>of the form and fill in the |
| the        |                             | n assistance and                                      |                        | government assistand<br>cluded it on <i>Schedule</i> |                          |            |             | Your exp                    | enses  |
| ,          |                             | ,   |                        |  |                          |            |             |                             |  |
| 4.         |                             | or home owners!<br>and any rent for the               |                        | ses for your residence<br>or lot.                    | e. Include first mortgag | ge<br>4.   | \$          |                             | 711.06   |
|            | If not includ               | led in line 4:  |                        |  |                          |            |             |                             |  |
|            | 4a. Real e                  | estate taxes  |                        |  |                          | 4a.        | \$          |                             | 0.00   |
|            |                             | rty, homeowner's                                      |                        |  |                          | 4b.        | ·           |                             | 0.00   |
|            |                             |   |                        | ıpkeep expenses                                      |                          | 4c.        | · · · —     |                             | 80.00  |
| 5.         |                             | owner's associati<br>nortgage payme                   |                        | dominium dues<br><b>our residence,</b> such as       | s home equity loans      | 4d.<br>5.  | \$<br>\$    |                             | 60.00<br>100.00  |
| ◡.         | - taaitional I              | vgago payiild   | y .                    | Joing of Juon as                                     | , nome equity leams      | ٥.         | Ψ           |                             | 100.00   |

| No   No   No   No   No   No   No   No  | ebtor 1                       | mation to identify your   |                               |                           |                           |
|--|-------------------------------|---------------------------|-------------------------------|---------------------------|---------------------------|
| Peter 2 pouse if, filing) First Name Middle Name Last Name Interest States Bankruptcy Court for the: DISTRICT OF ARIZONA  asse number known)    Check if this is an amended filing   Check if this is an amended schedules filed in amended schedules filed in amended schedules filed in amended schedules filed i |                               |                           |                               | Last Name                 |                           |
| Inited States Bankruptcy Court for the: DISTRICT OF ARIZONA    Check if this is an amended filing  | ohtor 2                       | First Name                | Middle Name                   | Last Name                 |                           |
| Check if this is an amended filing   |                               | First Name                | Middle Name                   | Last Name                 |                           |
| Check if this is an armended filing  | nited States Ba               | ankruptcy Court for the:  | DISTRICT OF ARIZONA           |                           |                           |
| fficial Form 106Dec  Declaration About an Individual Debtor's Schedules  12.  Two married people are filing together, both are equally responsible for supplying correct information.  The must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or taining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 2 ars, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 11 that they are true and correct.  X Isl Renee Frommel Fugiel  Signature of Debtor 1  Signature of Debtor 2  | ase number                    |                           |                               |                           |                           |
| Declaration About an Individual Debtor's Schedules  two married people are filing together, both are equally responsible for supplying correct information.  but must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or braining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 2 lars, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 11)  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X /s/ Renee Frommel Fugiel  Renee Frommel Fugiel  Signature of Debtor 2  | known)                        |                           |                               |                           | _                         |
| with this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or braining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 2 pars, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 11).  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X /s/ Renee Frommel Fugiel  Signature of Debtor 2  Signature of Debtor 2  |                               | -                         | ın Individual D               | ebtor's Sch               | edules                    |
| taining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 2 ars, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 11)  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X /s/ Renee Frommel Fugiel Renee Frommel Fugiel Signature of Debtor 1  | wo married pe                 | eople are filing together | r, both are equally responsik | ole for supplying correct | t information.            |
| ■ No  Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 11)  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X /s/ Renee Frommel Fugiel Renee Frommel Fugiel Signature of Debtor 1   | ·                             |                           | 519, and 5571.                |                           |                           |
| Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 11)  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X /s/ Renee Frommel Fugiel  Renee Frommel Fugiel  Signature of Debtor 1   |                               | y or agree to pay some    | one who is NOT an attorney    | to help you fill out bank | kruptcy forms?            |
| Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  X /s/ Renee Frommel Fugiel Renee Frommel Fugiel Signature of Debtor 1  Declaration, and Signature (Official Form 11)  X /s/ Renee Frommel Fugiel Signature of Debtor 2   | ■ No                          |                           |                               |                           |                           |
| that they are true and correct.  X   | ☐ Yes. N                      | Name of person            |                               |                           |                           |
| Renee Frommel Fugiel Signature of Debtor 2 Signature of Debtor 1   |                               |                           | that I have read the summar   | y and schedules filed w   | /ith this declaration and |
| Signature of Debtor 1  | triat triey ar                | nee Frommel Fugiel        |                               | Х                         |                           |
| Date Date  | •                             |                           |                               | Signature of Del          | btor 2                    |
|  | X /s/ Ren                     | re or Debtor 1            |                               |                           |                           |
|  | X <u>/s/ Renee</u><br>Signatu |                           |                               | Date                      |                           |

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

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Best Case Bankruptcy

|    | in this information to identify                                       | YOUR OOSO!                                 |                                     |  |                                       |
|----|---|--|-------------------------------------|--|---------------------------------------|
|    | I in this information to identify y                                   |  |                                     |  |                                       |
| De | btor 1 Renee Fromn First Name   | Middle Name                                | Last Name                           |  |                                       |
|    | btor 2  buse if, filling)  First Name                                 | Middle Name                                | Last Name                           |  |                                       |
|    | ited States Bankruptcy Court for t                                    | he: DISTRICT OF ARIZONA                    |                                     |  |                                       |
| Co | aa numbar   |  |                                     |  |                                       |
|    | se number<br>nown)  |  |                                     |  | Check if this is an<br>imended filing |
|    |   |  |                                     |  | J                                     |
| Of | ficial Form 107   |  |                                     |  |                                       |
| St | atement of Financia   | al Affairs for Indivi                      | duals Filing for B                  | ankruptcy                                  | 4/19                                  |
|    | as complete and accurate as pormation. If more space is need          |  |                                     |  |                                       |
|    | nber (if known). Answer every o                                       |  | this form. On the top of an         | y additional pages, write you              | ai name and case                      |
| Pa | rt 1: Give Details About Your   | Marital Status and Where You               | ı Lived Before                      |  |                                       |
| 1. | What is your current marital s  | tatus?                                     |                                     |  |                                       |
|    | ☐ Married   |  |                                     |  |                                       |
|    | ■ Not married   |  |                                     |  |                                       |
| 2. | During the last 3 years, have y                                       | ou lived anywhere other than               | where you live now?                 |  |                                       |
|    | ■ No  |  |                                     |  |                                       |
|    | _   | ou lived in the last 3 years. Do n         | ot include where you live nov       | <i>1</i> .                                 |                                       |
|    | Debtor 1 Prior Address:   | Dates Debtor 1                             | Debtor 2 Prior Ac                   | dress:                                     | Dates Debtor 2                        |
| 3. | Within the last 8 years, did yo                                       | ı ever live with a spouse or le            | gal equivalent in a commun          | ity property state or territor             | <b>v?</b> (Community property         |
|    | es and territories include Arizona,                                   |  |                                     |  |                                       |
|    | ■ No  |  |                                     |  |                                       |
|    | ☐ Yes. Make sure you fill out   | Schedule H: Your Codebtors (O              | fficial Form 106H).                 |  |                                       |
| Pa | rt 2 Explain the Sources of   | our Income                                 |                                     |  |                                       |
| 4. | Did you have any income from  | employment or from operating               | ng a business during this v         | ear or the two previous cale               | ndar vears?                           |
|    | Fill in the total amount of income If you are filing a joint case and | you received from all jobs and             | all businesses, including part      | time activities.                           |                                       |
|    | □ No  |  |                                     |  |                                       |
|    | Yes. Fill in the details.   |  |                                     |  |                                       |
|    |   | Debtor 1                                   |                                     | Debtor 2                                   |                                       |
|    |   | Sources of income<br>Check all that apply. | Gross income (before deductions and | Sources of income<br>Check all that apply. | Gross income (before deductions       |
|    |   |  | exclusions)                         |  | and exclusions)                       |
|    | om January 1 of current year un<br>e date you filed for bankruptcy:   | til ■ Wages, commissions, bonuses, tips    | \$14,257.89                         | ☐ Wages, commissions, bonuses, tips        |                                       |
|    |   | Operating a business                       |                                     | ☐ Operating a business                     |                                       |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

Creditor's Name and Address

☐ Yes

Dates of payment

attorney for this bankruptcy case.

Total amount paid

List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

Amount you still owe Was this payment for ...

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 2

| 7.  | Within 1 year before you filed for bankrupt<br>Insiders include your relatives; any general pa<br>of which you are an officer, director, person in<br>a business you operate as a sole proprietor. 1<br>alimony. | artners; relatives of any general control, or owner of 20% or | eral partners; partner<br>r more of their voting | erships of which y<br>g securities; and a | ou are a gener<br>any managing a | al partner; corporations<br>agent, including one for |
|-----|--|---|--|---|----------------------------------|--|
|     | ■ No   |   |  |   |                                  |  |
|     | ☐ Yes. List all payments to an insider.  |   |  |   |                                  |  |
|     | Insider's Name and Address   | Dates of payment  | Total amount paid                                | Amount you<br>still owe                   | Reason for                       | this payment   |
| 8.  | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos   |   | ments or transfer a                              | any property on a                         | account of a d                   | ebt that benefited an                                |
|     | <ul><li>No</li><li>☐ Yes. List all payments to an insider</li></ul>  |   |  |   |                                  |  |
|     | Insider's Name and Address   | Dates of payment  | Total amount                                     | Amount you                                | Reason for                       | this payment   |
|     |  |   | paid   | still owe                                 | Include cred                     | ditor's name   |
| Par | rt 4: Identify Legal Actions, Repossession   | ns, and Foreclosures  |  |   |                                  |  |
| 9.  | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.  Case title                                     |   |  |   |                                  | t or custody   |
|     | Case number  |   |  |   |                                  |  |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.  Creditor Name and Address                               |   | rty repossessed, f                               | oreclosed, garni                          | ·                                | d, seized, or levied?  Value of the                  |
|     | Ground Nume and Address  | Explain what happened   | l  | Date                                      |                                  | property   |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment become No  Yes. Fill in the details.  | otcy, did any creditor, incl                                  |  | nancial institutio                        | n, set off any                   | amounts from your                                    |
|     | Creditor Name and Address  | Describe the action the                                       | creditor took                                    | Date<br>take                              | action was                       | Amount   |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a  ■ No □ Yes  |   | rty in the possess                               | ion of an assign                          | ee for the ben                   | efit of creditors, a                                 |
| Par | t 5: List Certain Gifts and Contributions  |   |  |   |                                  |  |
| 13. | Within 2 years before you filed for bankrup  No  Yes. Fill in the details for each gift.   | tcy, did you give any gifts                                   | s with a total value                             | of more than \$6                          | 00 per person                    | ?  |
|     | Gifts with a total value of more than \$600 per person   | Describe the gifts  |  | Date<br>the g                             | es you gave<br>gifts             | Value  |
|     | Person to Whom You Gave the Gift and Address:  |   |  |   |                                  |  |

Case number (if known)

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Debtor 1 Renee Frommel Fugiel

| Deb | otor 1 Renee Frommel Fugiel  |                      |  | Case number (  | if known)                                |                           |
|-----|--|----------------------|--|----------------|--|---------------------------|
|     |  |                      |  |                |  |                           |
| 14. | Within 2 years before you filed for bankr  ■ No □ Yes. Fill in the details for each gift or or   |                      |  | ns with a tota | I value of more than                     | \$600 to any charity?     |
|     | Gifts or contributions to charities that to<br>more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code  | total                | Describe what you contributed  |                | Dates you contributed                    | Value                     |
| Par | t 6: List Certain Losses   |                      |  |                |  |                           |
| 15. | Within 1 year before you filed for bankru or gambling?   | ptcy or              | since you filed for bankruptcy, did  | you lose anyt  | hing because of thef                     | ft, fire, other disaster, |
|     | No   |                      |  |                |  |                           |
|     | ☐ Yes. Fill in the details.  |                      |  |                |  |                           |
|     | Describe the property you lost and how the loss occurred   | Include              | be any insurance coverage for the I the amount that insurance has paid. I ce claims on line 33 of Schedule A/B:  | List pending   | Date of your loss                        | Value of property lost    |
| Par | t 7: List Certain Payments or Transfers  | s                    |  |                |  |                           |
|     | Within 1 year before you filed for bankru consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition process. No  Yes, Fill in the details.                  | preparir             | ng a bankruptcy petition?  |                |  | rty to anyone you         |
|     | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y   | (OU                  | Description and value of any prop transferred  | perty          | Date payment<br>or transfer was<br>made  | Amount of payment         |
|     | Law Office of Eduardo J. Celaya, P<br>2942 N. 24th Street, Suite 114<br>Phoenix, AZ 85016<br>celayalaw@gmail.com   |                      |  |                | April 2, 2018                            | \$1,500.00                |
| 17. | Within 1 year before you filed for bankru promised to help you deal with your cree Do not include any payment or transfer that   | ditors o             | to make payments to your creditor  |                | r transfer any prope                     | rty to anyone who         |
|     | Yes. Fill in the details.  |                      | Barada da manda da la comunicación de la comunicaci |                | D-1                                      | A                         |
|     | Person Who Was Paid<br>Address   |                      | Description and value of any prop<br>transferred   | perty          | Date payment<br>or transfer was<br>made  | Amount of payment         |
|     | Within 2 years before you filed for bankr transferred in the ordinary course of you include both outright transfers and transfers include gifts and transfers that you have all No | ur busin<br>s made a | ess or financial affairs? as security (such as the granting of a s   |                |  |                           |
|     | Yes. Fill in the details.  |                      |  | _              |  | _                         |
|     | Person Who Received Transfer Address   |                      | Description and value of property transferred  |                | any property or received or debts change | Date transfer was made    |
|     | Person's relationship to you   |                      |  |                |  |                           |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details. |   |                           |              |  |   |  |  |
|-----|---|---|---------------------------|--------------|--|---|--|--|
|     | Name of trust   | Description and v   | alue of the pro           | perty trans  | sferred  | Date Transfer was made                        |  |  |
| Par | List of Certain Financial Accounts, Instr   | uments, Safe Deposit  | Boxes, and S              | torage Unit  | s  |   |  |  |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or chouses, pension funds, cooperatives, associated No Yes. Fill in the details.                                     | other financial accour  | nts; certificate          | s of deposi  |  | , ,   |  |  |
|     |   | ast 4 digits of occount number                                      | Type of acco              | ount or      | Date account was closed, sold, moved, or transferred | Last balance<br>before closing or<br>transfer |  |  |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables?  | ar before you filed for   | bankruptcy, a             | ıny safe dep | oosit box or other depo                              | sitory for securities,                        |  |  |
|     | ■ No  |   |                           |              |  |   |  |  |
|     | Yes. Fill in the details.   |   |                           |              |  |   |  |  |
|     | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  | Who else had acc<br>Address (Number, State and ZIP Code)            |                           | Describe     | the contents   | Do you still have it?                         |  |  |
| 22. | Have you stored property in a storage unit or  ■ No □ Yes. Fill in the details.   | place other than your   | home within 1             | l year befor | e you filed for bankrup                              | cy?   |  |  |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)  | Who else has or h<br>to it?<br>Address (Number, State and ZIP Code) |                           | Describe     | the contents   | Do you still have it?                         |  |  |
| Par | t 9: Identify Property You Hold or Control fo   | r Someone Else  |                           |              |  |   |  |  |
| 23. | Do you hold or control any property that some for someone.  | eone else owns? Inclu   | ude any prope             | rty you borı | rowed from, are storing                              | for, or hold in trust                         |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |                           |              |  |   |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the prop<br>(Number, Street, City, S<br>Code)              |                           | Describe     | the property   | Value   |  |  |
| Par | t 10: Give Details About Environmental Inform   | nation  |                           |              |  |   |  |  |
| For | the purpose of Part 10, the following definition  | s apply:  |                           |              |  |   |  |  |
|     | toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.                          |   |                           |              |  |   |  |  |
| _   | Site means any location, facility, or property a to own, operate, or utilize it, including disposa  | •   | , i v ii Oi ii ii Ei ital | iaw, wiicili | er you now own, operat                               | e, or utilize it or used                      |  |  |
|     | Hazardous material means anything an enviro hazardous material, pollutant, contaminant, or  |   | as a hazardou:            | s waste, ha  | zardous substance, tox                               | ic substance,                                 |  |  |
| Rep | ort all notices, releases, and proceedings that   | you know about, rega  | rdless of whe             | n they occu  | ırred.   |   |  |  |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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| 24. | Has   | any governmental unit notified you that   | at you may be liable or potentially liable                                 | under or in vio | olation of an environm  | ental law?         |  |  |  |  |  |
|-----|-------|---|--|-----------------|---|--------------------|--|--|--|--|--|
|     |       | No  |  |                 |   |                    |  |  |  |  |  |
|     |       | Yes. Fill in the details. me of site dress (Number, Street, City, State and ZIP Code)                         | Governmental unit Address (Number, Street, City, State and ZIP Code)       |                 | ental law, if you   | Date of notice     |  |  |  |  |  |
| 25. | Hav   | re you notified any governmental unit of  | ,  |                 |   |                    |  |  |  |  |  |
|     |       | No<br>Yes. Fill in the details.   |  |                 |   |                    |  |  |  |  |  |
|     |       | me of site<br>dress (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) |                 | ental law, if you   | Date of notice     |  |  |  |  |  |
| 26. | Hav   | re you been a party in any judicial or ad   | ministrative proceeding under any envi                                     | ronmental law   | ? Include settlements   | and orders.        |  |  |  |  |  |
|     |       | No<br>Yes. Fill in the details.   |  |                 |   |                    |  |  |  |  |  |
|     |       | se Title<br>se Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the   | case  | Status of the case |  |  |  |  |  |
| Par | t 11: | Give Details About Your Business or   | Connections to Any Business  |                 |   |                    |  |  |  |  |  |
| 27. | Witl  | hin 4 years before you filed for bankrup  | otcy, did you own a business or have ar                                    | y of the follow | ing connections to an   | y business?        |  |  |  |  |  |
|     |       | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time |  |                 |   |                    |  |  |  |  |  |
|     |       | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)                        |  |                 |   |                    |  |  |  |  |  |
|     |       | ☐ A partner in a partnership  |  |                 |   |                    |  |  |  |  |  |
|     |       | ☐ An officer, director, or managing ex  | ☐ An officer, director, or managing executive of a corporation             |                 |   |                    |  |  |  |  |  |
|     |       | ☐ An owner of at least 5% of the votin  | ng or equity securities of a corporation                                   |                 |   |                    |  |  |  |  |  |
|     |       | No. None of the above applies. Go to  | Part 12.   |                 |   |                    |  |  |  |  |  |
|     |       | Yes. Check all that apply above and fil   | II in the details below for each business                                  | i <b>.</b>      |   |                    |  |  |  |  |  |
|     |       | siness Name<br>dress  | Describe the nature of the business  |                 | Employer Identification number Do not include Social Security number or ITIN. |                    |  |  |  |  |  |
|     | (Nu   | mber, Street, City, State and ZIP Code)   | Name of accountant or bookkeeper   | Dates bu        | usiness existed   |                    |  |  |  |  |  |
| 28. |       | hin 2 years before you filed for bankrup<br>itutions, creditors, or other parties.                            | otcy, did you give a financial statement                                   | o anyone abou   | ut your business? Incl  | ude all financial  |  |  |  |  |  |
|     |       | No<br>Yes. Fill in the details below.   |  |                 |   |                    |  |  |  |  |  |
|     | Ad    | me<br>dress<br>mber, Street, City, State and ZIP Code)  | Date Issued  |                 |   |                    |  |  |  |  |  |
|     |       |   |  |                 |   |                    |  |  |  |  |  |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Case number (if known)   |
|--|
|  |
| nancial Affairs and any attachments, and I declare under penalty of perjury that the answers false statement, concealing property, or obtaining money or property by fraud in connection \$250,000, or imprisonment for up to 20 years, or both. |
|  |
| Signature of Debtor 2  |
| Date   |
| ent of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  |
|  |
| ent of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? t an attorney to help you fill out bankruptcy forms?   |
| king a<br>up to  |

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

| ebtor 1                      | Renee Frommel F                                | ugiel              |  |                                   |
|------------------------------|--|--------------------|--|-----------------------------------|
|                              | First Name                                     | Middle Name        | Last Name  |                                   |
| ebtor 2<br>bouse if, filing) | First Name                                     | Middle Name        | Last Name  |                                   |
| nited States Bar             | kruptcy Court for the:                         | DISTRICT OF A      | RIZONA   |                                   |
|                              | initiapito ocurrior trio.                      |                    |  |                                   |
| ase number<br>known)         |  |                    |  | ☐ Check if this is an             |
|                              |  |                    |  | amended filing                    |
|                              |  |                    |  |                                   |
| fficial For                  |  |                    |  | _                                 |
| tatemen                      | t of Intentio                                  | n for Indi         | viduals Filing Under Chapte                                      | er <b>7</b> 12/15                 |
| ou are an indiv              | vidual filing under chap                       | ter 7 vou must f   | ill out this form if:  |                                   |
|                              | claims secured by you                          | . •                | iii out this form ii.  |                                   |
|                              | ed personal property ar                        |                    | not expired.   |                                   |
| u must file this             | form with the court wi                         | thin 30 days afte  | r you file your bankruptcy petition or by the date se            |                                   |
| whiches<br>on the f          | •  | e court extends t  | he time for cause. You must also send copies to the              | creditors and lessors you list    |
|                              |  |                    |  |                                   |
| -                            | ople are filing together date the form.        | in a joint case, b | oth are equally responsible for supplying correct in             | formation. Both debtors must      |
| •                            |  |                    |  |                                   |
|                              | nd accurate as possibl<br>ur name and case num |                    | is needed, attach a separate sheet to this form. On t            | the top of any additional pages   |
| wine ye                      | ar name and odde nam                           | iber (ii kilowii). |  |                                   |
| art 1: List Yo               | ur Creditors Who Have                          | Secured Claims     |  |                                   |
| For any credito              | rs that you listed in Pa                       | rt 1 of Schedule   | D: Creditors Who Have Claims Secured by Property                 | (Official Form 106D), fill in the |
| information be               | ow.<br>ditor and the property th               | at is collateral   | What do you intend to do with the property that                  | Did you claim the proper          |
| identity the cre             | and the property th                            | at is conateral    | secures a debt?  | as exempt on Schedule (           |
|                              |  |                    |  |                                   |
| Creditor's FI                | agstar Bank                                    |                    | ☐ Surrender the property.  | □No                               |
| name:                        | agstar Barik                                   |                    | Retain the property and redeem it.                               | □ NO                              |
|                              |  |                    | Retain the property and enter into a                             | Yes                               |
|                              | 17229 N. 51st Drive                            |                    | Reaffirmation Agreement.   |                                   |
| property                     | AZ 85308 Maricopa                              | a County           | ☐ Retain the property and [explain]:                             |                                   |
| securing debt:               |  |                    |  | _                                 |
|                              |  |                    | _  | _                                 |
| Creditor's <b>Tr</b> name:   | uWest Credit Union                             |                    | Surrender the property.  | □ No                              |
| name.                        |  |                    | Retain the property and redeem it.                               | ■ Yes                             |
| Description of               | 17229 N. 51st Drive                            |                    | Retain the property and enter into a<br>Reaffirmation Agreement. | <del>-</del> 103                  |
| property                     | AZ 85308 Maricopa                              | a County           | ☐ Retain the property and [explain]:                             |                                   |
| securing debt:               |  |                    |  | _                                 |
|                              |  |                    |  |                                   |
|                              | uWest Credit Union                             |                    | ☐ Surrender the property.  | □ No                              |
| name:                        |  |                    | Retain the property and redeem it.                               | ■ Voe                             |
| Description of               | 2014 Hyundai Tucs                              | on 61000           | Retain the property and enter into a                             | Yes                               |
| Description of               | ZUITTIYUHUAH HUUS                              |                    | Posffirmation Agroomant  |                                   |
| Description of               | miles  | 011 0 1000         | Reaffirmation Agreement.   |                                   |

Statement of Intention for Individuals Filing Under Chapter 7

page 1

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Best Case Bankruptcy

| Debtor 1 Renee Frommel Fugiel   | Case number (if known)   |
|---|--|
| property condition. securing debt:                                    | ☐ Retain the property and [explain]:   |
| n the information below. Do not list real estate le                   | Leases Du listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), faces. Unexpired leases are leases that are still in effect; the lease period has not yet ended lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). |
| Describe your unexpired personal property lease                       | es Will the lease be assumed?  |
| Lessor's name:<br>Description of leased<br>Property:                  | □ No □ Yes   |
| Lessor's name:<br>Description of leased<br>Property:                  | □ No □ Yes   |
| Lessor's name:<br>Description of leased<br>Property:                  | □ No □ Yes   |
| Lessor's name:<br>Description of leased<br>Property:                  | □ No □ Yes   |
| Lessor's name:<br>Description of leased<br>Property:                  | □ No □ Yes   |
| Lessor's name:<br>Description of leased<br>Property:                  | □ No   |
| Lessor's name:<br>Description of leased<br>Property:                  | □ No   |
| Part 3: Sign Below  | ⊔ Yes  |
|   | cated my intention about any property of my estate that secures a debt and any personal  |
| X /s/ Renee Frommel Fugiel Renee Frommel Fugiel Signature of Debtor 1 | X Signature of Debtor 2  |
| Date <b>April 15, 2019</b>  | Date   |

Statement of Intention for Individuals Filing Under Chapter 7

page 2

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| Fill ir          | this information to identify your case:  |                           |                            |                                      |                             |                             | lirected in this form and   | in Form                         |
|------------------|--|---------------------------|----------------------------|--------------------------------------|-----------------------------|-----------------------------|---|---------------------------------|
| Debt             | or 1 Renee Frommel Fugiel  |                           |                            | 122                                  | 2A-1Supp                    |                             |   |                                 |
| Debt<br>(Spous   | or 2   |                           |                            | •                                    | 1. Ther                     | e is no pres                | umption of abuse  |                                 |
| Unite            | ed States Bankruptcy Court for the: District of Arizona  | <u>a</u>                  |                            |                                      | арр                         | lies will be r              | to determine if a presum<br>nade under <i>Chapter 7 I</i> l<br>iicial Form 122A-2). | •                               |
| Case<br>(if know | e number   |                           |                            | _                                    | _                           | `                           | ,   |                                 |
| (II KIIO         | wij  |                           |                            |                                      |                             |                             | does not apply now be y service but it could ap                                     |                                 |
|                  |  |                           |                            |                                      | ☐ Check                     | if this is a                | in amended filing   |                                 |
| Off              | icial Form 122A - 1  |                           |                            |                                      |                             |                             |   |                                 |
| Ch               | apter 7 Statement of Your Cu   | rren                      | t Moı                      | nthly Inc                            | ome                         |                             |   | 12/15                           |
| attach<br>case r | complete and accurate as possible. If two married people a separate sheet to this form. Include the line number to number (if known). If you believe that you are exempted from military service, complete and file Statement of Exemple Calculate Your Current Monthly Income | which the                 | e addition sumption        | nal information a of abuse because   | applies. On<br>se you do    | the top of a not have pri   | ny additional pages, write<br>marily consumer debts o                               | e your name and<br>r because of |
| 1.               | What is your marital and filing status? Check one of   | nlv.                      |                            |                                      |                             |                             |   |                                 |
|                  | ■ Not married. Fill out Column A, lines 2-11.  | ,                         |                            |                                      |                             |                             |   |                                 |
|                  | ☐ Married and your spouse is filing with you. Fill o   | out both                  | Columns                    | A and B. lines                       | 2-11.                       |                             |   |                                 |
|                  | ☐ Married and your spouse is NOT filing with you.  |                           |                            |                                      |                             |                             |   |                                 |
|                  | ☐ Living in the same household and are not leg   |                           | •                          | •                                    | lumns A a                   | nd B. lines                 | 2-11.   |                                 |
|                  | ☐ Living separately or are legally separated. Fill penalty of perjury that you and your spouse are living apart for reasons that do not include evad   | out Coli<br>legally s     | umn A, li<br>separated     | nes 2-11; do no<br>d under nonban    | ot fill out C<br>kruptcy la | olumn B. By<br>w that appli | checking this box, you es or that you and your                                      |                                 |
| 10<br>the        | I in the average monthly income that you received from al<br>1(10A). For example, if you are filing on September 15, the 6-<br>6 6 months, add the income for all 6 months and divide the tota<br>ouses own the same rental property, put the income from that                 | month per<br>al by 6. Fil | riod would<br>II in the re | be March 1 throusult. Do not include | ugh August<br>de any inco   | 31. If the ame              | ount of your monthly incom<br>nore than once. For exampl                            | e varied during<br>le, if both  |
|                  |  |                           |                            | , ,                                  | Column Debtor 1             | 4                           | Column B Debtor 2 or non-filing spouse  |                                 |
| 2.               | Your gross wages, salary, tips, bonuses, overtime payroll deductions).   | , and co                  | mmissio                    | ons (before all                      | \$                          | 4,405.55                    | \$  |                                 |
|                  | Alimony and maintenance payments. Do not include Column B is filled in.  | e payme                   | nts from                   | a spouse if                          | \$                          | 0.00                        | <br>\$  |                                 |
|                  | All amounts from any source which are regularly p of you or your dependents, including child suppor from an unmarried partner, members of your househol and roommates. Include regular contributions from a s filled in. Do not include payments you listed on line 3.         | <b>t.</b> Include         | e regulaı<br>depende       | contributions nts, parents,          | \$                          | 0.00                        | \$  |                                 |
| 5.               | Net income from operating a business, profession   | , or farn                 | n                          |                                      |                             |                             |   |                                 |
|                  |  |                           |                            | otor 1                               |                             |                             |   |                                 |
| i                | Gross receipts (before all deductions)   | \$_                       | 0.00                       |                                      |                             |                             |   |                                 |
|                  | Ordinary and necessary operating expenses  | <b>-</b> \$ _             | 0.00                       | 0                                    | Φ.                          | 0.00                        | Φ.  |                                 |
| i                | Net monthly income from a business, profession, or fa  | rm \$                     | 0.00                       | Copy here ->                         | <b>&gt;</b>                 | 0.00                        | \$  |                                 |
| 6.               | Net income from rental and other real property   |                           | Doh                        | otor 1                               |                             |                             |   |                                 |
|                  | Gross receipts (hefore all deductions)   | \$                        | 0.00                       |                                      |                             |                             |   |                                 |
|                  | Gross receipts (before all deductions)  Ordinary and necessary operating expenses  | -\$                       | 0.00                       |                                      |                             |                             |   |                                 |
| i                | Net monthly income from rental or other real property  | \$<br>\$                  |                            | Copy here ->                         | \$                          | 0.00                        | \$  |                                 |

Official Form 122A-1

0.00

7. Interest, dividends, and royalties

|      |   |  |             |          | olumn A<br>ebtor 1 |            | Column B Debtor 2 o |                |                 |
|------|---|--|-------------|----------|--------------------|------------|---------------------|----------------|-----------------|
| 8.   | Unemployment compensation   |  |             | \$       |                    | 0.00       | \$                  |                |                 |
|      | Do not enter the amount if you contend that the amour the Social Security Act. Instead, list it here:   |  | fit under   |          |                    |            |                     |                |                 |
|      | For you \$  | 0.   | .00         |          |                    |            |                     |                |                 |
| 0    | For your spouse   |  |             |          |                    |            |                     |                |                 |
|      | Pension or retirement income. Do not include any arbenefit under the Social Security Act.   |  |             | \$_      |                    | 0.00       | \$                  |                |                 |
| 10.  | Income from all other sources not listed above. Sp Do not include any benefits received under the Social received as a victim of a war crime, a crime against hu domestic terrorism. If necessary, list other sources on total below. | Security Act or paymer manity, or internationa a separate page and p | nts<br>I or | ¢        |                    | 0.00       | \$                  |                |                 |
|      | ·   |  |             | Φ_       |                    | 0.00       | \$                  |                |                 |
|      | Total amounts from separate pages, if any.  |  | — .         | Ψ_<br>\$ |                    | 0.00       | \$<br>\$            |                |                 |
|      |   |  | +           | Ψ_       |                    | 0.00       | Ψ                   |                |                 |
| 11.  | Calculate your total current monthly income. Add li each column. Then add the total for Column A to the to  |  | \$          | 4,4      | 05.55              | + \$ _     |                     | = \$           | 4,405.55        |
|      |   |  |             |          |                    |            |                     | Total of incom | current monthly |
| Part | 2: Determine Whether the Means Test Applies   | to You   |             |          |                    |            |                     | mcom           |                 |
| 12.  | Calculate your current monthly income for the year  | r. Follow these steps:   |             |          |                    |            |                     |                |                 |
|      | 12a. Copy your total current monthly income from line   | •  |             |          | Copy               | line 11 l  | nere=>              | \$             | 4,405.55        |
|      |   |  |             |          |                    |            |                     |                |                 |
|      | Multiply by 12 (the number of months in a year)   |  |             |          |                    |            |                     | X              | 12              |
|      | 12b. The result is your annual income for this part of the  | ne form  |             |          |                    |            | 12b                 | o. \$          | 52,866.60       |
| 13.  | Calculate the median family income that applies to  | you. Follow these ste  | ps:         |          |                    |            |                     |                | J               |
|      | Fill in the state in which you live.  | AZ   |             |          |                    |            |                     |                |                 |
|      | Fill in the number of people in your household.   | 2  |             |          |                    |            |                     |                |                 |
|      | Fill in the median family income for your state and size  |  |             |          |                    |            | 13.                 | \$             | 65,254.00       |
|      | To find a list of applicable median income amounts, go for this form. This list may also be available at the bank   |  | pecified    | in tr    | ne separa          | te instruc | tions               |                |                 |
| 14.  | How do the lines compare?   |  |             |          |                    |            |                     |                |                 |
|      | <ul><li>Line 12b is less than or equal to line 13. C</li><li>Go to Part 3.</li></ul>  | On the top of page 1, cl   | neck box    | 1, 7     | There is n         | o presum   | ption of abus       | se.            |                 |
|      | 14b. Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2.   | of page 1, check box 2   | t, The pr   | esur     | mption of          | abuse is   | determined b        | y Form 1       | 22A-2.          |
| Part | 3: Sign Below   |  |             |          |                    |            |                     |                |                 |
|      | By signing here, I declare under penalty of perjury   | that the information o   | n this sta  | atem     | nent and i         | n any atta | achments is t       | rue and c      | orrect.         |
|      | χ /s/ Renee Frommel Fugiel  |  |             |          |                    |            |                     |                |                 |
|      | Renee Frommel Fugiel  |  |             |          |                    |            |                     |                |                 |
|      | Signature of Debtor 1  Date April 15, 2019  |  |             |          |                    |            |                     |                |                 |
|      | MM / DD / YYYY  If you checked line 14a, do NOT fill out or file For  | m 122A-2   |             |          |                    |            |                     |                |                 |
|      | If you checked line 14b, fill out Form 122A-2 and   |  |             |          |                    |            |                     |                |                 |
|      | ii you checked line 140, iiii out Foitii 122A-2 and   | IIIC IL WIUI UIIS IUIIII.  |             |          |                    |            |                     |                |                 |

Official Form 122A-1

| ebtor 1 Renee Frommel Fugiel | Case number (if known) |
|------------------------------|------------------------|
|------------------------------|------------------------|

### **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 10/01/2018 to 03/31/2019.

### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: wages

Income by Month:

| 6 Months Ago: | 10/2018            | \$4,062.48 |
|---------------|--------------------|------------|
| 5 Months Ago: | 11/2018            | \$4,062.48 |
| 4 Months Ago: | 12/2018            | \$4,062.48 |
| 3 Months Ago: | 01/2019            | \$4,073.68 |
| 2 Months Ago: | 02/2019            | \$4,073.69 |
| Last Month:   | 03/2019            | \$6,098.48 |
|               | Average per month: | \$4,405.55 |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | ¢310  | total foo          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

## **United States Bankruptcy Court District of Arizona**

| In re  | Renee Frommel Fugie  | el   | Case   | No.                    |                            |             |
|--------|--|--|--|------------------------|----------------------------|-------------|
|        |  | Debtor   |  |                        | 7                          |             |
|        | DISCLOS  | URE OF COMPENSATION O  | F ATTORNEY FOR   | R DE                   | EBTOR(S)                   |             |
|        | compensation paid to me with   | a) and Fed. Bankr. P. 2016(b), I certify that I in one year before the filing of the petition in ebtor(s) in contemplation of or in connection   | bankruptcy, or agreed to be  | paid                   | to me, for services rende  | ered or to  |
|        | For legal services, I have   | agreed to accept   | \$   |                        | 1,500.00                   |             |
|        |  | statement I have received  |  |                        | 1,500.00                   |             |
|        | Balance Due  |  | \$   |                        | 0.00                       |             |
| 2.     | The source of the compensation   | on paid to me was:   |  |                        |                            |             |
|        | ■ Debtor □ O   | her (specify):   |  |                        |                            |             |
| 3.     | The source of compensation to  | be paid to me is:  |  |                        |                            |             |
|        | ■ Debtor □ O   | ther (specify):  |  |                        |                            |             |
| 4.     | ■ I have not agreed to share   | the above-disclosed compensation with any  | other person unless they are   | mem                    | bers and associates of my  | y law firm. |
|        |  | above-disclosed compensation with a person<br>gether with a list of the names of the people :  |  |                        |                            | firm. A     |
| 5.     | In return for the above-disclo   | sed fee, I have agreed to render legal service   | for all aspects of the bankru  | ptcy c                 | ease, including:           |             |
|        | <ul> <li>b. Preparation and filing of a</li> <li>c. Representation of the debt</li> <li>d. [Other provisions as neede</li> <li>Negotiations with</li> <li>reaffirmation agree</li> </ul> | nancial situation, and rendering advice to the my petition, schedules, statement of affairs are or at the meeting of creditors and confirmation and confirmation at the meeting of creditors and confirmation at the meeting of creditors to reduce to market ements and applications as needed; poidance of liens on household goods. | ad plan which may be require<br>on hearing, and any adjourne<br>t value; exemption plan<br>preparation and filing of | ed;<br>ed hea<br>ning; | rings thereof;             | g of        |
| 6.     |  | (s), the above-disclosed fee does not include the debtors in any dischargeability a ry proceeding.   |  | danc                   | es, relief from stay ac    | ctions or   |
|        |  | CERTIFICAT   | ION  |                        |                            |             |
| this b | I certify that the foregoing is a pankruptcy proceeding.   | complete statement of any agreement or arr   | angement for payment to me   | e for re               | epresentation of the debto | or(s) in    |
| 4      | April 15, 2019   | /s/ Ed   | uardo J. Celaya  |                        |                            |             |
| _      | Date   | Eduar  | do J. Celaya 014747  |                        |                            | _           |
|        |  |  | ure of Attorney<br>Office of Eduardo J. Cela   | va. P                  | LLC                        |             |
|        |  | 2942 1   | N. 24th Street, Suite 114  | <b>,</b> , -           |                            |             |
|        |  | Phoer  | nix, AZ 85016<br>31-4547   Fax: 866-810-64   | 155                    |                            |             |
|        |  | celaya   | ılaw@gmail.com   |                        |                            | _           |
|        |  | Name o   | of law firm  |                        |                            |             |
|        |  |  |  | _                      |                            | _           |

## **United States Bankruptcy Court District of Arizona**

| n re | Renee Frommei Fugiei                 |   | Case No.                 |                          |
|------|--------------------------------------|---|--------------------------|--------------------------|
|      |                                      | Debtor(s)   | Chapter                  | 7                        |
|      |                                      |   | ☐ Check if t             |                          |
|      |                                      |   |                          | applemental Mailing List |
|      |                                      |   |                          | y newly added or         |
|      |                                      |   | changed cred             | ditors.)                 |
|      | N                                    | MAILING LIST DECLAR   | ATION                    |                          |
|      |                                      |   |                          |                          |
|      |                                      |   |                          |                          |
|      |                                      |   |                          |                          |
|      | I Renee Frommel Fugiel do h          | pereby certify under penalty of periury   | that the Master Mai      | iling Liet consisting    |
|      | I, Renee Frommel Fugiel, do h        | nereby certify, under penalty of perjury  | , that the Master Ma     | iling List, consisting   |
| 3    |                                      |   | , that the Master Ma     | iling List, consisting   |
| 3    |                                      | nereby certify, under penalty of perjury onsistent with the debtor(s)' Schedules.   | , that the Master Ma     | iling List, consisting   |
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|      | page(s), is complete, correct and co | onsistent with the debtor(s)' Schedules.  /s/ Renee Frommel Fugiel  |                          | iling List, consisting   |
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